

LIVING THROUGH PRIVATE TIME:
AFRICAN AMERICAN FEMALES AT MENARCHE

By

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Dorothy Jean Hawthorne

Dedicated to
The Loving Memories
of my Father

NATHANIEL HAWTHORNE, SR.

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A female's first menstrual flow (menarche) is not only a physical experience, but an influential social, psychological and familial event. The social psychological responses of individuals from various ethnocultural and socioeconomic backgrounds to influential events are significant to the professional practice of mental health nursing. The positive, negative, and mixed effects of menarche in middle-class European (White) American females have been well researched as compared to other ethnocultural and socioeconomic groups. Theoretical formulations for the social psychological responses of African (Black) American females at menarche were prepared. The qualitative case study approach was used to: (1) discern the thoughts, feelings, beliefs, practices, and social interactive

behaviors of African American females at the time of their menarche; (2) learn the social psychological responses and practices of African American mothers to the onset of their daughters' menarche; and (3) posit a core theme to substantially describe and explain the social psychological and familial responses of menarcheal aged females belonging to the African American ethnocultural group.

Thirty participants (15 mother-daughter dyads) were interviewed. The 9/10-year-old female was the invited age group of young girls for this study. Participants were informally interviewed in a 45- to 60-minute audiotaped mother-daughter session. The data were analyzed by performing a cross comparison of the interview responses for evolving themes from the multiple case studies. Living through private time was the substantial theme inductively discovered from the data. It is anticipated that the results of this study will add to the knowledge of nurses and all other health care professionals about the social psychological and familial status of 9- and 10-year-old African American females at the time of their menarche.

CHAPTER 1 INTRODUCTION

An increasing number of African American females are menstruating by ages 9 and 10 years old (Doswell & Millor, 1993; Herman-Giddens et al., 1997; MacMahon, 1973; Marshall & Tanner, 1969). However, scientific data collection on the social psychological and familial experiences of young African American females after their menarche is rare (Grief & Ulman, 1982; Lee, 1994; Lee & Sasser-Coen, 1996).

Most investigators collect behavioral data from menstruating females several months and years beyond the actual onset of menarche (Amann-Gainotti, 1986; Caspi & Moffitt, 1991; Du Toit, 1987; Holmbeck & Hill, 1991; Lee & Sasser-Coen, 1996; McGrory, 1990; Phinney, Jensen, Olsen, & Cundick, 1990; Rierdan & Koff, 1991; Scott, Danette, Panizo, & Roger, 1989). One barrier to data collection is that once young girls have had their first menstrual flow, they move further away from this initial event and other childhood experiences (Belsky, Steinberg, & Draper, 1991; Brooks-Gunn, Warren, Rosso, & Gargiulo, 1987; Bullough, 1996). As time passes, girls will gain increasing cognitive skills (Flavell, Miller, & Miller, 1993; Klahr & Wallace, 1976; Piaget and Inhelder, 1996; Siegler, 1996) and other

sociocultural forces interact to shape their life experiences (Bronfenbrenner, 1989; Gilligan & Murphy, 1996; Hetherington, 1972;). Menarche, as a unique experience, will blend with other life events as it takes on different meanings for each individual (Berger & Luckmann, 1966; Blumer, 1969; Hewitt, 1994). As a result of physiological life changes, the "self" of postmenarcheal females is reconstructed, and is based on repeated social psychological life experiences with menstruation. Other life events and an increasing cognitive development help to shape young girls' perceptions about the world around them.

A greater repertoire of knowledge about the physical, social, psychological, and familial effects of menarche as perceived by African American menarcheal females is needed. Nurse researchers can contribute to this knowledge base by qualitatively studying the phenomenological worlds of younger African American girls ages 9 to 10 years at menarche. Further, this knowledge can contribute to improving the physical and social psychological health outcomes of African American females.

Background of the Problem

The background information of the problem relative to this study is presented under three subheadings: (1) White females, (2) African American females, and (3) Parents. Literature on the social psychological experiences of the White female is presented first. Overtime, researchers have

investigated the social psychological experiences of White females; that literature is more extensive.

White Females

The secular trend shows a decline in age at the onset of menarche for many European (White) American females. Over the last 100 years the age of menarche onset decreased from 17 to about 12.8 years of age (Golub, 1992; Herman-Giddens et al., 1997; Tanner, 1978). Previously, this early age of menarcheal onset was associated with "superior racial stock and physical traits" (Stone & Barker, 1939, p. 29) and "the most favorable living circumstances" (Smart & Smart, 1972, p. 496). More recent sociobiological reports suggest environmental life stressors in the middle-class White female are associated with early menarcheal onset (Belsky, Steinberg, & Draper, 1991; Surbey, 1990; Wierson, Long, & Forehand, 1993).

For many White middle-class American girls 9 and 10 years of age, the first menstrual flow (menarche) is an emotionally traumatic and a private life event (Chadwick, 1992; Lee, 1994; Logan, 1980; Stattin & Magnusson, 1990; Williams, 1990). As a normal response to the increased levels of gonadotropin (reproductive and sex) hormones during the late stage of puberty, menarche involves pain and vaginal blood flow (Guyton & Hill, 1996). The condition or state of a female's reproductive body part is a private matter (McKinney, 1998). Privacy and secrecy are major

issues for families (Berardo, 1998; Brown-Smith, 1998; Weigel-Garrey, Cook, & Brotherson, 1998) and their developing daughters of ages 9/10 years (Smith, 1997; Van Manen & Levering, 1996). As a tradition, in the United States, sexual body parts are considered private and are not publicly exposed or discussed (Berardo, 1998; McKinney, 1998; McKinney & Sprecher, 1989).

Seldom do schoolage girls discuss their menarche with individuals. The exceptions, however, are those young girls who will discuss menarche with parents, a favorite sister, or a close friend (Notman, 1992; Petersen, 1983). For the middle-class White American schoolage girl, it is common practice to refrain from joyfully celebrating or publicly broadcasting menarche arrival, since it is a private matter imbued with sensitive emotions (Caspi, Lynam, Moffitt, & Silva, 1993; Golub, 1992; Hyde, 1996).

Several empirical reports exist on younger 9/10-year-old White girls' negative emotions to menarche including fear, disgust, nervousness, shame, embarrassment, and humiliation (Grief & Ulman, 1982; Notman, 1992; Stattin & Magnusson, 1990; Williams, 1990). A manifestation of negative emotions to menarche onset in younger age, or early maturing, girls support the thesis that menarche is a stressful and traumatic developmental event (Clark & Ruble, 1978; Jones & Mussen, 1958; Kornfield 1990; Malmquist, 1972; Rierdan & Koff, 1980; Surbey, 1990).

The self-esteem and self-image of White girls less than 12 years old is lower at menarche as compared to older age White girls at the time of their initial menstruation (Delaney, Lupton, & Toth, 1988; Papini & Sebbby, 1987; Richards, Boxer, Petersen, & Albrecht, 1990; Slap, Khalid, Paikoff, Brooks-Gunn, & Warren, 1994). There are research reports that show middle-class White girls are more accepting of menarche when they understand it, and that they experience less negative emotions at its onset if it is cognitively understood (Danza, 1983; Lee, 1994; Moffitt, Caspi, Belsky, & Silva, 1992; Petersen, 1983; Rierdan & Koff, 1985; Simmons, Blyth, VanCleave, & Bush, 1979; Grief & Ulman, 1982). These young girls may not be ready to understand the physiological processes of menstruation and are less likely to have cognitive awareness about the sociocultural meaning of menstruation (Chi & Klahr, 1975; Flavell, Miller, & Miller, 1993; Kail, 1990).

White girls who menstruate at an age less than 12 years, early-maturers, tend to initiate sexual intercourse sooner than older age menarcheal girls (Bagley, 1997; Costa, Jessor, Donovan, & Fortenberry, 1995; Phinney, Jensen, Olsen, & Cundick, 1990). Girls of 9 to 10 years of age have not yet developed higher levels of cognitive reasoning (Piaget & Inhelder, 1996), which places them at risk during their sexual decision-making (Ward & Overton, 1990).

Young girls who engage in sexual intercourse risk becoming pregnant. The highest pregnancy rate in the United States is reported among those girls who start menstruating at an early age (Jaccard, Dittus, & Gordon, 1998; Leite, Everardo, Buoncompagno, Leite, Battistori, 1994; Millstein et al., 1992; Morgan, Chapar, & Fisher, 1995; Rodriquez & Moore, 1995). Early childbearing can be a traumatic experience for developing schoolage girls. Generally, there is a disruption in education, income is meager, and health complications are not unusual (Freeman & Rickels, 1993). Also, higher rates of premarital sex increase the risk for contracting sexually transmitted diseases (Dean, Ducey, & Malsk, 1997).

African American Females

A recent national study done by the American Academy of Pediatrics shows African American girls start menstruating at the average age of 12.16 years (Herman-Giddens et al., 1997). Moreover, many are experiencing menarche as early as 8 and 9 years of age (Herman-Giddens et al., 1997; Powers, Hauser, & Kilner, 1996) and are initiating sexual intercourse earlier than their White counterparts (DuRant & Seymour, 1990; Vinovskis, 1988; Williams, 1991; Zabin & Hayward, 1993).

The biophysiological model attributes the early age of menarcheal onset in African American girls to genetics and improved nutrition and living conditions (Herman-Giddens et

al., 1997). A few sociobiological investigators, however, use results from correlational research studies carried out with middle-class White females of divorced parents to report that the early onset of menarche is associated with environmental stressors (i.e., absent-biological-father, low-income homes, uneducated parents; poor parenting skills) as compared to biologically determined changes (Belsky, Steinberg, & Draper, 1991; Wierson, Long, & Forehand, 1993).

Many African American children are raised by a single-parent, in underresourced homes, and in impoverished conditions (Beeber, Hendrix, Taylor, & Wykle, 1993; Feagin & Feagin, 1996; Hacker, 1992). Their environmental conditions are unlike those of most White females (Comer & Poussaint, 1992; Feagin & Feagin, 1996). Also, the "culture-of-poverty" thesis (Moynihan, 1967) and adverse social psychological results obtained from correlational research studies carried out on middle-class White samples can sometimes be inappropriately applied to African American children and their families (Billingsley, 1992; Demos, 1990; Feagin & Feagin, 1996; Graham, 1992; Taylor, Chatters, Tucker, & Lewis, 1990; Willie, 1985). Lastly, qualitative empirical reports from the voices of young African American girls and their parents that describe their emotional responses to menarche are yet to be researched.

African American, and other non-White, schoolage girls are less likely to be prepared for menarche as compared to

Whites (Amann-Gainotti, 1986; Doswell & Millor, 1993; Du Toit, 1987; Scott, Danette, Panizo, & Roger, 1989).

Empirical data collected on White samples suggest that the less informed girls experience more negative feelings about menarche than the more informed girls. Yet, the empirical reporting of menarche for African American females as a negative, stressful, or traumatic emotional event is not documented in the literature (Doswell, Millor, Thompson, & Braxter, 1998; Grief & Ulman, 1982; Scott, Danette, Panizo, & Roger, 1989). Further, little has been written about how African American females approach the onset of menarche regarding privacy and secrecy (Dashiff, 1992; Doswell & Millor, 1993; Grief & Ulman, 1982; Scott, Danette, Panizo, & Roger, 1989). Based on these findings, then, there is a need for nurses to empirically study the social psychological responses of young African American girls to their first menstrual flow, menarche.

Parents

Parents tend to be emotionally stressed by the appearance of menarche in their child of 9 to 10 years of age (Bullough, 1996; Chadwick, 1992; Hill, Holmbeck, Marlow, Green, & Lynch, 1985; Holmbeck & Hill, 1991). For many parents, menarche means reproductive capabilities and sexual sensuality and eroticism. The expected behavior for a 9/10-year-old girl is that she lives with her parents, attends elementary school, and participates in nonsexual activities

(Baumrind, 1993; Bronfenbrenner, 1997). However, there is a challenge to such expectations when physiological production of gonadotropin hormones stimulates puberty and the menstrual flow begins, breasts are evident, pubic hair appears, and the sensual curving of waist and hips is easily observed. Most parents are aware that early maturers are capable of producing babies even though these young girls are not prepared to care for the baby nor themselves. These physical changes tend to trouble parents as they observe their young female child's body transcend to womanhood.

Menarche, in most cultures of the world, symbolizes a transition from girlhood to womanhood (Lee, 1994; Weidinger, 1998). Womanhood implies maturity, heterosexual sensuality as well as availability, and reproductive capability (Hyde, 1996; Rubin, 1990). However, a focus on the young girl, reveals a different set of practices. A person of 9 to 10 years of age is a child, not an adult or a woman (Rubin, 1990). After all, childhood is equated with sexual inactivity and nonreproductive capability (Bronfenbrenner, 1997; Dean, Ducey, Malsk, 1997; Freud, 1933/1964; Hyde, 1996).

Some researchers note that sexual urges and desires of young girls are not latent or quiet as Freud would have many to believe (Jaccard, Dittus, & Gordon, 1998). Further, Erikson's (1963) psychosocial axioms support the position that young girls are busy, industrious people, working to

receive rewards from significant adults. They are more likely to experience a sense of success and avoid feelings of inferiority and failure if they are successful at their industriousness (Erikson 1963). These theoretical formulations can be challenging when menarche appears before age 12 years.

Developing children look for adults to direct, guide, and set limits on their activities and behaviors (Baumrind, 1993; Bronfenbrenner, 1997). At the onset of menarche, developing females tolerate less behavioral control and limit-settings (Doswell & Vandestienne, 1996; Holmbeck & Hill, 1991). As the newly menstruating female struggles for independence, parents' fears of dating, sexual pressure, and pregnancy force them to place greater restrictions on their activities outside of the home environment. This increased parental control and restrictions at the critical time of menstrual onset can create parent-child conflict (Doswell & Millor, 1993; Holmbeck & Hill, 1991; Steinberg, 1988). Mother-daughter relationships have the potential to suffer the longest with negative impact (Gilligan & Murphy, 1996; Hill, Holmbeck, Marlow, Green, & Lynch, 1985).

However, some mother-daughter relationships are not always jeopardized (Rich, 1990). Parents who are not threatened by their daughter's emotional need to differentiate and to become independent tend to have a stronger relationship with their daughters, show affectional

bonding, and use effective problem-solving skills (Doswell & Millor, 1993; Holmbeck & Hill, 1991). The onset of menstruation as an indisputable sign of maturity, erotic interest, and reproductive capability of the young female challenges past health and mental health knowledge and approaches. Inasmuch as parents may react positively or negatively to their early maturing daughter's menarche, contemporary theoretical knowledge of human behavior supported by empirical data is essential for more accurate formulations about young girls (Meleis, 1997).

Statement of the Problem

Although there are insightful research reports about the influence of menarche on White females' social, psychological, and familial behavior, most earlier investigators failed to include African American females and their parents in conceptual domains. African American females were not, as a rule, included in their samples.

Research suggests that younger age White girls are more likely to experience negative emotional responses toward menarche, and are less cognitively prepared than the older girls. On the other hand, African American girls who experience menarche at a young age are also poorly prepared cognitively for its onset. However, little research exists that explicates experiences and emotional responses of African American girls to this normal and universal developmental event. The life experiences surrounding

menarche and mental health issues of young non-White developing girls and their parents from other ethnocultural, socioeconomic, and family types have received little attention from previous investigators.

Researchers who studied menarcheal experiences most frequently used the quantitative correlational design with questionnaires for data collection (Kornfield, 1990; Belsky, Steinberg, & Draper, 1991; Grief & Ulman, 1982). These researchers collected data from their subjects anywhere from 2 months to 64 years after the onset of menarche. Further, many reported studies focused on the meaningful menarcheal experiences of middle-class White American girls living in nuclear-family settings with their biological parents and siblings. Results from correlational studies, which operate under the positivistic paradigm, are used by many researchers to report a cause-effect of human behavior (Kuhn, 1962). Confounding of age, cohort, onset of menarche, and time period of data collection are major problems with these correlational designs (Lincoln & Guba, 1985; Marshall & Rossman, 1999).

Theorists tend to formulate concepts that are congruent with their personal lives and/or the sociopolitical climax of their time (Meleis, 1997; Morrison, 1992; Priest, 1991). Widely used theoretical perspectives that were developed prior to the 1960s reflect a masculine-dominate philosophical belief and life-practices (Best & Kellner,

1991). Before the 1960s, theoretical underpinnings often included Freud's (1933/1964) psychoanalytical theory of psychosexual development, which was used by many researchers and scholars to present empirical findings and discussions about females' mental health issues related to menstruation (Fenichel, 1945). Emphasis was placed on Freud's castration complex (Deutsch, 1944) and penis-envy theme (Thompson, 1942) in order to describe the emotionally ill-state of women during menstruation. Steinem (1983) noted that male humans have grounded entire cultures on the thesis that penis-envy is natural for women.

The 1990s is a different time-period with varied groups of theoreticians who espouse multiple theories about mental health in general and behavioral responses to menarche in particular. As a result, contemporary researchers and thinkers use other perspectives, such as feminism to present information about females' issues (Gary, Sigsby, & Campbell, 1998). Nevertheless, few scholars use symbolic interactionism and phenomenologic humanism to describe the verbal reports of the life-lived experiences of young African American females under the extended qualitative case study approach at the time of their first menstrual flow.

Purpose of the Study

The purpose of this study is to (1) capture the social psychological responses of African American girls aged 9/10 years to their first menstrual flow, menarche, (2)

articulate the social psychological responses of African American parents to their young daughter's menstruation, (3) construct a core social psychological theme to substantively describe lived experiences of African American families to young girls' menarche, and (4) recommend suggestions for culturally sensitive interventions that could be developed for and tested among African American girls, ages 9/10, who are at menarche.

Discovery of a core social psychological theme for theoretical formulations around menarche was a major aim of this study. While theoretical knowledge is essential to nursing science and practice Meleis (1997) asserts that clinical data gleaned from nursing practice is one of the most significant, but neglected source for theory development.

Research Questions

The major focus of the qualitative researcher using the case study method is on "how" or "why" questions about a human life event (Yin, 1994). Once data collection starts, however, many questions may surface as the study grows and as various topics evolve around the original phenomenon of interest. The major research questions of interest at the outset of this project were:

1. How do African American girls ages 9 and 10 years old think and feel about starting their first menstrual flow?

2. How do African American parents react to the menarcheal onset and reproductive capability in their daughters who are 9 and 10 years old?

3. How do 9/10-year-old African American girls manage the care of their first menstrual flow?

4. What changes manifest in African American family members' relationships with each other around the onset of menarche in girls ages 9 and 10 years?

Theoretical Perspectives

"Living through private time" was the core social psychological theme uncovered from the data for a set of theoretical formulations. This core theme is supported by the conceptual domains of symbolic bleeding, managing menstrual flow, and regulating sexual behavior. Living through private time was developed from interview data of the phenomenological lived experiences of African American families with newly menstruating 9/10-year-old daughters. Only after the perceptions, behaviors, and lived experiences of African American girls to menarche are clearly understood can theories be formulated for a set of cannons needed to develop context-specific interventions by nurses and other health care providers.

Symbolic interactionism and phenomenologic humanism are the two major theoretical perspectives used to help interpret participants' interview responses about their life-lived experiences surrounding menarcheal onset in the

9/10 year old African American females. Qualitative researchers often use more than one theoretical framework to descriptively present participants' statements (Marshall & Rossman, 1999).

Specifically, symbolic interactionism is a social psychological theory often used by researchers to illuminate the meanings research participants assign to interested phenomena (Blumer, 1969; Gubrium & Holstein, 1997). On the other hand, phenomenologic humanism, with roots in Heidegger philosophical thoughts, is a type of third-force personality theory (DeCarvalho, 1991; Rahilly, 1993) used to qualitatively describe participants' lived experiences about an event or an occasion.

Blumer's (1969) symbolic interactionism and phenomenologic humanism grounded in Heidegger's (1962) philosophical thoughts are qualitative research approaches as well as theoretical perspectives. In this study, symbolic interactionism and phenomenologic humanism are used as philosophical positions for theoretical underpinnings of participants' meaningful experiences to menarche, a normal, though stressful developmental life-event in 9/10-year-old African American girls.

Symbolic Interactionism

Symbolic interactionism is an American sociological perspective with roots in the philosophy of pragmatism (Shalin, 1986). According to Hewitt (1994) pragmatist

scholars such as Charles S. Pierce, William James, John Dewey, and George Herbert Mead view living things as attempting to make practical adjustments to their surroundings. That is, all living organisms are oriented to meeting the demands of their environments in practical ways. Pragmatists see knowledge as continually confronting tests of its usefulness. Knowing and acting are intimately linked; that is, humans act on the basis of their ideas or knowledge about the world. The reality of the world is not merely something that is out there and waiting to be discovered; instead, it is actively created as people act in and toward the world.

For Herbert Blumer (1969), symbolic interactionism is a social psychological theory of human social interaction. Symbolic interactionism, also, is an approach to the study of human life and conduct in response to objects, events, situations, conditions, and circumstances. Blumer gives four central conceptions of symbolic interactionism. The first states that humans behave toward things based on their ascribed meanings of things. The second premise supports the theme that the meanings of things are learned through social interaction with one's fellow humans. Third, humans modify learned meanings through an individual interpretative process as they use and deal with encountered things, people, objects, and events. The fourth conception states that the complex interlinkages of human acts are nonstatic.

These premises are guided by the belief that individuals are active organisms who cope with and handle "meanings" as they adjust to their particular surroundings and environments. In social interactions, people use language, symbols, and gestures to create meanings within their sociocultural context.

A major central concept in symbolic interactionism is the self (Blumer, 1969; Mead, 1934). The self emerges from social experience, is dynamic, and is capable of change. The self, then, is not merely a passive reflection of social norms. Social experience, however, is the exchange of symbols and is essential to the development of the self. According to Mead (1934), the self is composed of two components, the I and the me. The self is subject in that it can initiate social action. Mead claims humans are innately active and spontaneous, and he calls this subjective element of the self the I. Second, the self is object because, taking the role of another, humans form impressions of themselves. Mead refers to this objective element of the self as the me. All social experience begins with someone initiating action (the I-phase of self) and then guiding the action (the me-phase of self) through reflectively taking the role of the other. The fact that people are able to see themselves through others produces evidence that the self has two components (Hartup, 1992; Hewitt, 1994; Mead, 1934).

As many selves exist in a society as there are human beings (Harter, 1990). A group of humans contribute to the general meanings of the human condition within their sociocultural context (Scarr & McCartney, 1983). However, meanings ascribed by the group may change from one person to another, from one time period to another, and from one context to another. As a result, a general agreement about meanings within any given group of individuals does not stop a person from acting toward objects or things based on a different set of meanings. Therefore, it is essential that nurses empirically secure contemporary knowledge and understanding of the various meanings attributed to menarche by individuals in a multicultural society.

Phenomenological Humanism

Phenomenological humanism is a post-1950s "third-force" personality theory and an American brand of existential psychology (DeCarvalho, 1991). Dissatisfied with the study of human life experiences through the psychoanalytic and behavioral learning theories, Gordon Allport (cited in DeCarvalho, 1991) called for a new and broader type of humanistic psychology. Along with Allport, phenomenological humanism is exemplified in the work of Carl Rogers, Abraham Maslow, and Rollo May (Polkinghorne, 1989; Rahilly, 1993).

As a philosophy, phenomenology was founded by Edmund Husserl at the turn of the century and furthered developed as an existential philosophy by his student, Martin

Heidegger (1962). The subject matter of phenomenology began with consciousness and experience, but Heidegger expanded it to include the human life world. For Heidegger (1962), phenomenology is a philosophical school of thought that focuses on subjective experience and seeks to make visible the nature and meaning of Being. Being is the being of whatever is and human being is just one presentation of Being.

Humans come to understand some of the possible meanings of Being through their experiences of the world and being within it. Everyday lived experience is the focus of attention. The concern is to clearly present human lived experience since this is the place where "meaning" resides that individuals give to events. Because human lived experience is "everyday" and seems ordinary, much of its meaning remains hidden, and may even be characterized as insignificant.

Heideggerian phenomenology holds that individuals' foundational mode of existing as persons is in the interpretation and understanding of the reality that surrounds them. Understanding is grasping one's own possibilities for being, within the context of the world in which one lives. Understanding, then, is a mode of being. Understanding is rendered explicit by interpretation, that is, in language. Language does not merely represent a person's way of being, it discloses what it is to "be." Language is a mode used by human beings which unveils Being.

The Association of Humanistic Psychology, founded in 1962, adopted four interrelated principles to guide their pursuits (DeCarvalho, 1991). The first states the experiencing person is of primary interest. Humans are the subjects in real-life events and circumstances, rather than mere objects of study.

The second principle deals with human choice, creativity, and self-actualization as the preferred topics of investigation. Phenomenological humanists argue that the study of psychologically crippled people has led to a crippled psychology, while the study of lower organisms has yielded an incomplete psychology, devoid of consciousness. It is believed that the focus should be on wholesome and healthy individuals, people who are creative and fully functioning. Growth, rather than mere adjustment, is the criterion of health.

Third, meaningfulness must precede objectivity in the selection of research problems. Previously, much research was centered more on methods rather than broad problems. Research topics were often selected because objective and convenient methods became available. However, research projects should be undertaken because they are significant and pertinent to human life issues. There is a need to study the important issues of people's lives.

The fourth and last principle is that the ultimate value is placed on the dignity of the person. Humans are to

be accepted as unique. Researchers must understand people. Phenomenology is interested in elucidating both that which appears and the manner in which it appears. It studies the subjects' perspectives on their world. Also, it attempts to describe in detail the content and structure of the subjects' consciousness, to grasp the qualitative diversity of their experiences, and to explicate their essential meanings.

Significance of the Study

A female's first menstrual flow, menarche, is a major health and mental health issue. Several scholars have described menarche as a highly significant event in the social psychological and physiological development of young White girls (Chadwick, 1992; Doswell, Millor, Thompson, & Braxter, 1998; Golub, 1992; Grief & Ulman, 1982; Rierdan & Koff, 1991; Ruble & Brooks-Gunn, 1982; Simmons, Blyth, & McKinney, 1983; Stattin & Magnusson, 1990). Yet, the research literature is scarce about the social psychological health of African American females during menarcheal onset.

Nursing is a profession that deals with the bio-psycho-socio-spiritual behavior and well-being of all humans of all ages across the life span. Meleis (1997) states:

Nursing as a human science is concerned with the experiences of human beings and with health and illness matters. Because these experiences are shaped by history, significant others, politics, social structures, gender, and culture, nurses also are concerned with how these perspectives shape actions and reactions of human beings. (p. 94)

The effectiveness of nursing as a discipline is dependent upon the knowledge and skills that nurses possess. Its effectiveness is also linked to the capacity to sensitively and sensibly respond to the health care needs of all people including African American females. This study will generate new knowledge about the social psychological responses of young African American girls to the onset of menarche. It also describes parental reactions to their child's initial menstrual flow. With knowledge on hand about human reactions to this specific event, nurses can begin to devise and implement appropriate interventions. Thus, nurses and other health professionals can benefit from the reports offered by the African American girls and their parents about menarche.

Theory and theory development are significant to the field of nursing. Nursing as a discipline has only recently begun to develop theories (Meleis, 1997). Theory allows individuals in a discipline to describe, explain, and make predictions about interested phenomena. A major aim of this research study was to develop a substantive theory that could be used to describe emotional responses and social psychological practices of young 9/10 year old menstruating African American girls and their parents. A substantive theory could be a beginning point for building a formal theory (Glaser & Strauss, 1967; Strauss & Corbin, 1990). This study can be used as a guide to qualitative theory

development, generate nursing interest toward research and theory development, and it can also serve as a backdrop for the development of culturally sensitive interventions.

Definition of Terms

Significant terms for use in this research study include:

Early-maturer is a female child between the ages of 9/10 who experiences pubertal characteristics, such as growth spurt, axillary and pubic hair, breast development, and menarche.

Stressor is environmental for the child relative to an absent-biological-father, low-income home, and uneducated parents.

Late-maturer is a female whose pubertal (growth spurt, axillary and pubic hairs, breast development, and menarche) characteristics become manifested after the age of 12 years, with the first menstrual flow occurring after age 13.

Menarche refers to the female's first menstrual blood flow, which can appear between the ages of 9/10. The blood flow tends to last 3 to 7 days. Subsequent menstrual flows are called menstruation or "period," indicating the completion of a biologically determined hormonal cycle (Golub, 1992; Guyton & Hill, 1996).

Parents are persons serving in the female-gender role of mother and the male-gender role of father for six or more consecutive months or the individuals with whom the child is

presently living and receiving guidance and discipline. Today's typical American family is no longer of the nuclear type or one that consists of biological mother and father with their offsprings (Berardo, 1991; Staples & Johnson, 1993). Many African American children live in single-parent female-headed households, extended families, adoptive families, foster-care families, or with fictive kins (Billingsley, 1992; Hill, 1998; St. Jean & Feagin, 1998; Taylor, Chatters, Tucker, & Lewis, 1990). Thus, an adult who is the young girl's biological birth parent, a fictive kin, a foster-care or an adopted parent, a grandparent, or a close relative may occupy the role of "mother" or "father".

Secular trend is a term used to describe the declining age of pubertal growth and sexual maturity in boys and girls (Tanner 1969, 1978, 1981).

Origin of the Study

The origin of this study is linked to a 2-step discovery process. At the first step, within the context of a phenomenological experience, my 9-year-old daughter and I discovered that we experienced initial feelings of happiness and joy at the onset of her menarche. We celebrated by eating out and shopping for her personal supply of menstrual products. However, our moment of shared joy abruptly ended by the second day of her first menstrual flow. For me, the joy ended on the third day of her menarche.

As a divorced, single parent since her second birthday, our mother-daughter closeness strengthened over time. I was able to cognitively prepare her for menstruation. Our home is a place where "the girls live" and educating her about menstruation often times took place as she observed me changing sanitary pads. However, I failed to inform her of the physical discomforts associated with menstruation, such as headaches, abdominal cramps, and pain in the legs and lower back. She reacted to the physical discomfort of menstruation to the point of tears. She became embarrassed and did not want anyone else to know she was menstruating. She refused to associate with neighborhood children. She envisioned that her playmates could see the print of the sanitary napkin and detect the odor emanating from her bloody flow; she feared they would learn of her menstrual status. She reported that, based on her lived-experience, the first menstrual flow was "nasty, smelly, and painful." No longer was she smiling about having another physical symbol to add to breasts and pubic hairs that showed "womanhood," a similarity that she would share with all women.

I responded. Within a few days, I sought medical advice from her private pediatrician about what pharmacological agent was available to temporarily halt menstruation for 3 or 4 more years until she was older and better able to handle the physical discomforts. I was

assured that no such medical drug existed and that many young girls of my daughter's age were experiencing menarche. Even this bit of knowledge about the prevalence of menarche in younger aged girls did not comfort me. I wanted to know if other parents and girls were reacting to menarche as my daughter and I had experienced it.

At the second step, I discovered from a review of the research literature, which included Stone's and Barker's 1939 study that information on the emotional responses of African American girls and their parents ranged from sparse to nonexistent. Using a final sample of 1,000 American-born girls of middle and northern European stock from two large junior high schools in Berkeley, California, Stone and Barker (1939) wrote:

All records from Hebrews, Orientals, South Europeans, Negroes, and Mexicans were discarded. The elimination of these racial stocks appeared to be desirable as it is commonly believed that American-born children of such racial groups differ in age at menarche and in physical traits from those of middle and north European stock. (p. 28)

In a review of the research literature from 1930 to 1981, regarding the social psychological responses of females to menarche, Grief and Ulman (1982) found non-Whites were seldom included in research samples. Most investigators, including Stone and Barker, reported that African American females started menstruating at a later age than Whites and to research the early menarcheal behaviors

in a racial group of females who menstruated at an older age would be nonsensical. These statements were made without definitive research data. The prevalent belief was that African American girls, and other non-Whites, had an inferior nutritional status and a sociocultural lifestyle that failed to support the onset of menarche at an early age. White females, on the other hand, were perceived as early menstruators, in part, because of their superior nutritional status and socioeconomic lifestyle. African Americans and other non-Whites failed to meet the middle-class White standards needed to be research participants in studies dealing with a female's social psychological health at menarche.

The general knowledge base about African Americans in psychology has been steadily declining rather than increasing. In a content analysis of 14,542 empirical articles in 6 major American Psychological Association (APA) journals during the 1970-1989 publication period, Graham (1992) found a growing exclusion of research about African Americans. There was a steady decrease in both number and percentage of articles over the years. As Graham stated in the title of her article, "Most of the subjects were white and middle class" (p. 629). The dearth of research articles on females of color has also been documented by Reid and Kelly (1994), who examined Silver Platter, the CD-ROM library database for psychology, for the 1987-1994

publication period. They found extremely low frequencies of research on African American and Hispanic American females. Reid and Kelly concluded that the "psychology of women implies the psychology of White women" (p. 480).

The pattern continues and few present day researchers have addressed the social psychological health of non-White middle class females at menarche (Amann-Gainotti, 1986; Scott, Danette, Panizo, & Roger, 1989; Doswell & Vandestienne, 1996). Albeit some attention is now being given to the earlier age at menarcheal onset seen in the African American-born female (Herman-Giddens et al., 1997), there remains a need to examine the social psychological health of early maturing African American females.

The impetus for this research study, then, grew out of my phenomenological personal experience with a 9-year-old menstruating daughter, and a review of the research literature that revealed an embarrassingly limited amount of knowledge regarding the social psychological responses of young menarcheal African American females and their parents.

Assumptions

Three major assumptions for this study follow:

1. Mothers are the major source of knowledge about menarche for African American girls ages 9/10 years old.
2. Menarcheal onset in early maturing girls is an important developmental life event that triggers certain social psychological responses in the girl and among her family members.

3. Communication is essential between mothers and girls ages 9/10 years when confronted with an emotionally-laden event, such as menarche.

Scope of the Study

The scope of this study is narrow. A total of five delimitations and two limitations are described below.

Delimitations

This study was delimited in five ways. First, only 9/10-year-old girls and their parents who identified themselves as native-born African Americans were invited to participate. Girls with parents born in countries other than the United States were not included as participants. Racial-ethnic scholars report that the trend for U.S. national reports is to label all Black people as African Americans (Feagin & Feagin, 1996). Black individuals recently from other countries bring cultural beliefs and practices that are generally not similar to native-born African Americans (Billingsley, 1992; Feagin & Feagin, 1996).

The focus of this study was the newly menstruating 9/10-year-old female and her parents. Young girls older or younger than this age group were not invited to participate. Data were collected between 2 to 5 days after the 9/10 year olds' first menstrual flow. Therefore, this study was not opened to 9- and 10-year-old girls who were 5 days beyond the completion of menarche and those who had seen one or more flows after menarche.

This study was delimited to one County located in south central Florida. Data collection in extended qualitative case studies tend to be costly, time-consuming, and some extend over a lengthy time period (Marshall & Rossman, 1999). Therefore, the geographical regions for data collection included one county.

All participants in this study were volunteers. Participants were also invited to participate based on their willingness to participate and provide insightful responses in an in-depth interview session. Thus, a purposeful, or nonprobability, sample delimits the findings of this study. Finally, young girls receiving health care for acute or chronic health or mental health problems were not invited as participants.

Limitations

Mothers were contacted on a weekly basis to learn if their daughters had started to menstruate. Girls were in the study 17 days to 13 months before menarche appeared. It is probable that this frequent contact encouraged parents, and the girls, to focus on knowledge and preparation for menarche when they normally might not have done so.

The openness and richness of the girls' responses to interview questions may have been limited by their mothers' presence. The original plan for this study was to interview the young girl and her mother in separate sessions. However, when this type of interview session was presented

to potential participants during the feasibility study, mothers said they would prefer to be present when their daughters were interviewed.

Overview of the Remaining Four Chapters

Chapter 2 is a description of the theoretical perspectives and a review of related literature that addresses the major themes and concerns expressed by the African American girls and their parents. Chapter 3 discusses the methods and procedures, which include the research design, sampling procedure, participants' demographic profiles, data collection, scientific integrity and rigor, protection of human subjects, and data analysis. In Chapter 4, "living through private time" is discussed as the core social psychological theme at menarcheal onset for 9/10-year-old African American girls and their parents. Interpretations of participants' statements illuminate the core theme and its three conceptual domains (symbolic bleeding, regulating sexual behavior, and managing menstrual flow). Chapter 5 contains a summary and discussion of the findings. Also, included are recommendations for the African American family literature, nursing, and future research. Suggestions for context-specific interventions that could be developed to address health and mental health concerns of 9/10-year-old African American girls at menarche are included; this is an anticipated outcome.

CHAPTER 2 LITERATURE REVIEW

This chapter contains a critical review of the literature related to the social psychological responses and practices of early-maturing African American females to the onset of their first menstrual flow, menarche. The breath of this research undertaking is exemplified by the varying subjects areas addressed in this review of pertinent literature. The review in this chapter is organized into sections: (1) age of menarcheal onset, (2) cognition in the Child, (3) educational preparation, (4) responses to menstruation, and (5) summary.

Age of Menarcheal Onset

Current knowledge of the age at menarche in African American girls is critical to understanding girls' behavioral responses toward the menstrual event and the reactions of their parents (Doswell & Millor, 1993; Herman-Giddens et al., 1997; Phinney, Jensen, Olsen, & Cundick, 1990). Biophysiological (Guyton & Hill, 1996) and sociobiological (Belsky, Steinberg, & Draper, 1991) theories offer explanations about "how" or "why" mediating factors influence the age at which the first menstrual flow starts. The topics covered in this section include chronological age at menarche and biophysiological and sociobiological theses.

Chronological Age at Menarche

Notable authors (Dalton, 1990; Delaney, Lupton, & Toth, 1988; Golub, 1992) have written books focusing exclusively on menstruation. Their data indicate that the average age of menarche for girls in the United States is now 12.8 years. What many authors fail to mention is that the average age of 12.8 years represents the time at menarche, since 1952, for White American females (Doswell & Millor, 1993; Herman-Giddens et al., 1997; Marshall & Tanner, 1969; Phinney, Jensen, Olsen, & Cundick, 1990; Wierson, Long & Forehand, 1993). Apparently, and according to research data, the age of menarcheal onset for White American girls have remained stable for at least 45 years. Based on the limited available data, African American girls, on the other hand, have seen a decrease in the age of onset for menarche. Earlier data about the onset of menses in African American girls are found in MacMahon's (1973) analysis of HANES cycle II (1963-1965) and cycle III (1966-1970) findings. This analysis showed that African American girls began to menstruate at 12.52 years of age, which is still younger than the 12.8 years seen among White girls.

The American Academy of Pediatrics (AAP) Pediatric Research in Office Settings (PROS) recently conducted a national cross-sectional study using 225 clinicians of its 632 members to establish the current prevalence and mean ages of the onset of pubertal characteristics in young girls

seen in 65 practice settings across the United States (Herman-Giddens et al., 1997). The impetus for this study grew out of the reality that no large-scale studies on sexual maturation were published on racially diverse groups of girls in the United States younger than 12 years of age. Importantly, many scholars use the 12.8 years seen among White females as a norm for menarche onset in all American girls.

Results of the 1992/1993 data from the PROS' (Herman-Giddens et al., 1997) study suggest that African American girls begin menstruating at a younger age than the currently used national norm of 12.8 years. The PROS investigators also found many African American females began menarche at age 8 years while White females did not start until age 9 years. Hence, contrary to earlier formulations, African American girls obtain physiological maturity more quickly than their White counterparts (Herman-Giddens et al., 1997)

Other recent reports (Doswell & Millor, 1993; Phinney, Jensen, Olsen, & Cundick, 1990) show the mean age of menarcheal onset is earlier than 12.8 years. Rees (1993) cited the average age of menarche in western, industrial societies as 12.8 years, with a normal range of between 10 and 14 years. Doswell & Millor (1993) examined a cross-sectional sample of 75 African American girls ages 9 to 13 years old at well-child clinics in Harlem, New York. These investigators found that 28 percent of their sample were

menstruating. The reported mean age at menarche was 11.9 years, which is younger than the 12.16 years of age reported by Herman-Giddens et al. (1997) and the 12.8 norm used to describe all U.S. girls (Tanner, 1969, 1978, 1981).

Phinney, Jensen, Olsen, and Cundick (1990) used a sample of 581 African American girls and 1,253 non-African Americans (Whites and Hispanics) from the data files of Cycle III National Survey of Family Growth. The subjects in this study were 15- to 44-year-old females. The most commonly reported ages at menarche for African Americans were 12 and 13 years and a mean age of 12.60. The mean age at menarche for non-African American subjects in this study was 12.83 years. These investigators also found that menarche occurred between the ages of 8 to 11 years in 150 of the African American population studied, which represented 26 percent of their African American sample.

Researchers and health-care providers ask, "Why does menarche appear at an early age for some girls and a later age for others?" Biophysiologicals provide a hormonal feedback theory that is mediated by genetics, nutrition, and health (Guyton & Hill, 1996). Sociobiologists give a "simulated" Charles Darwin's survival-of-the-fittest evolutionary theory mediated by environmental stressors to explain the early age at menarche (Belsky, Steinberg, & Draper, 1991; Wierson, Long, Forehand, 1993). The next two subtopics presented in this section describe the

biophysiological and sociobiological theoretical positions on the early age of menarche.

Biophysiological Thesis

Menarche is an objective indicator that a female's menstrual, or sexual, cycle is functional (Golub, 1992). A female's major menstrual and reproductive organs are the ovaries, the fallopian tubes, the uterus, and the vagina. Guyton and Hill (1996) noted that the menstrual cycle is initiated and controlled by a complex hormone-feedback system and is comprised of four phases (follicular, ovulatory, luteal, and menstrual). The hormone-feedback system involves the central nervous system and is hierarchial in nature starting with hormones from the hypothalamus, then the anterior lobe of the pituitary gland, and finalizing with the ovaries.

The hypothalamus secretes a gonadotropin-releasing hormonal (GnRH) factor. GnRH causes the secretion of the luteinizing hormone (LH) and follicle-stimulating hormone (FSH) from the anterior lobe of the pituitary gland. FSH stimulates the complete development of a single Graafian follicle in the ovary for the follicular phase of the menstrual cycle. This phase extends over the first 14 days of the cycle. The ovulatory phase is triggered by LH and is identified by the release of the ovum from the Graafian follicle which travels down the fallopian tube to the uterus. During the luteal phase, the corpus luteum develops

in the ovary and secretes progesterone and estrogen. Progesterone helps to further prepare the uterus' endometrium to receive a fertilized egg. In the absence of fertilization of the ovum for pregnancy, the corpus luteum regresses, estrogen and progesterone levels decline, and the uterus' endometrium begins to slough away, and menstruation begins. From these characteristics, a phase in the menstrual cycle, is identified by the condition of the follicles and ovum. Once the hypothalamus detects low levels of estrogen in the blood, FSH production from the anterior lobe of the pituitary gland increases and the menstrual cycle begins once again.

Guyton and Hill (1996) cited genetics, nutrition, and health as mediating factors influencing the age of menarche for developing young girls. Studies of identical twin sisters growing up together indicated that they reached menarche about two months apart and fraternal twins differed by about 12 months. Mother-daughter and sister-sister correlations were reported by Chern, Gatewood, and Anderson (1980). Tanner (1978) noted from a genetic view that a late-maturing girl is as likely to have a late-maturing father as a late-maturing mother. Fathers, then, can also exert an equal influence on a girl's growth rate and menstrual maturation.

Malnutrition retards growth and delays menarche. Young females who are undernourished do not menstruate as early as

those who are not undernourished (Guyton & Hill, 1996). The drop in age at menarche from 1830 and 1960 for White American females coincided with the increased availability of protein in the diet. In those countries where nutrition remained inadequate during this period, age of menarche is high. For example, in contrast to the average age of menarche in the United States, which is cited as 12.8 years (Tanner, 1978), in Bangladesh it is just under 16 years, and among certain New Guinea tribes, it is about 18 years (Menkin, Watkins, & Trussel, 1980).

A young girl's health can impact her menstrual ability (Golub, 1992; Guyton & Hill, 1996). Menstruation will not occur in girls with Turner's Syndrome since they are without ovaries. Menarche can be delayed if a young girl has ulcerative colitis, regional enteritis, cystic fibrosis, congenital heart disease, uremia, diabetes mellitus and other health conditions. Some health conditions can cause menarche to occur at a later age. These conditions include hypothyroidism, central nervous system tumors, encephalitis, and head trauma. Girls who are inactive, mentally retarded, or bedridden tend to experience menarche at an earlier age than their counterparts (Golub, 1992).

Sociobiological Thesis

Belsky, Steinberg, and Draper (1991) posed the sociobiological theory from their study of middle-class White postmenarcheal females. This theory espouses that children raised in biological-father-absent households do

not develop expectations for enduring heterosexual pair bonds and marital stability as prerequisites for childbearing and childrearing. Rather, these children as adolescents and young adults engage in early-for-age and opportunistic sexual intercourse. This chain of events, according to Belsky et al. (1991), conditional upon low or nonexistent paternal involvement during early childhood, is not proposed as a conscious process. Instead, it is a sociobiological phenomenon, an unconsciously motivated reproductive strategy adaptive to the environment. Nevertheless, according to Belsky et al., early menarcheal onset is a human survival and adaptive response when there is a scarcity of available males to copulate with females for reproductive purposes.

Using data from a longitudinal New Zealand study of 16-year-old White upper-class girls, Moffitt, Caspi, Belsky, and Silva (1992) noted that family conflict and father absence in childhood predicted an earlier age of menarche. A self-report of menarche was taken within 1 to 5 years of the girls' menarche. There was a mean age of 13 years at menarche for their sample of 402 girls. Family conflict was assessed by having the mother and the girl complete the nine-item Moos Family Relations conflict scale. This scale measured the degree to which the family was characterized by conflictual interactions and included items related to yelling and hitting each others. Presence of the biological

father in the home environment was determined by a self-report from the mother and the young girl; fathers were absent prior to age 11 years for the child.

Moffitt et al. (1992) found no significant correlation between limited family financial resources and early age at menarche, $r(372) = .07$. There was a significant correlation between family conflict at age 7 and menarcheal onset, $r(379) = -.13$, $p < .01$. Also, a significant correlation was associated with a greater number of years of father absence, $r(143) = -.12$, $p < .01$. However, they found that the best predictor of menarche was the young girl's weight, $r(345) = -.28$, $p < .001$.

Wierson, Long, and Forehand (1993) used a sample of 71 middle-class White adolescent girls and their mothers to examine two family stressors, divorce and interparental conflict, in light of Belsky et al.'s (1991) sociobiological theory on age at menarche. Forty four girls resided with both their biological parents in a nuclear family situation, and 27 lived with their mothers in divorced families. The age range for this sample of girls was 11 to 18 years. Interparental conflict was assessed using the 10-item O'Leary-Porter Scale. This scale included items relative to arguments over disciplinary actions in the child's presence. The researchers found that the onset of menarche for girls from divorced families was six months earlier than for girls from families in which parents were married.

In summary, empirical data show that when African American females are used as sample members in studies dealing with age at menarche, investigators report that the commonly used 12.8 median age at menarche in the United States as a norm for all females is not consistent with their findings for African American females. Data from recent research findings suggests early menarche has resulted in an ever-increasing proportion of African American females attaining reproductive capacity at younger ages. Hence researchers suggest the physical capacity for sexual and reproductive activity is earlier in African American females than in White and Hispanic females (Doswell, Millor, Thompson, & Braxter, 1998; Herman-Giddens, 1997; Phinney, Jensen, Olsen, & Cundick, 1990).

Cognition in the Child

Piaget and Inhelder (1996) maintained that children between the ages of 7 and 11 years are in the concrete operational period of intellectual development and are unable to think and reason about abstract concepts. Similarly, Klahr (1982) argued that children are limited in the amount of information they can remember; the presence of concrete objects makes problem-solving easier simply because the objects serve as aids to memory. The specific deficit, according to Klahr, rests with memory, not with a qualitatively distinct way of viewing the world.

Information Processing

In the 1960s when Piaget's theory of cognition became popular, American psychologists begun to view thinking as a kind of information processing activity (Chi & Koeske, 1983). This view held that an important part of cognition is the taking in of information and processing it into a meaningful and useful form, much like the function of a computer. By making comparisons and adjustments, drawing on information already stored in memory, the individual learns about problem-solving and decision-making (Siegler, 1996). Klahr (1982), a leading figure in the information-processing approach to human thinking, expressed his dissatisfaction with Piagetian theory about development by stating:

For 40 years now we have had assimilation and accommodation, the mysterious and shadowy forces of equilibration, the "Batman and Robin" of the developmental processes. What are they? How do they operate? Why is it after all this time, we know no more about them than when they first sprang upon the scene? What we need is a way to get beyond vague verbal statements of the nature of the developmental process (p. 80).

Most psychologists who adopt the information-processing thesis, focus on the ways in which psychological processes are modified as the result of patterns of input from the environment (Case, 1992; Massaro & Cowan, 1993). Following the environmental-learning path, many believe that cognition is a continuous process in which limitations on cognitive capacity are gradually overcome, long-term memory capacity

gradually increases, behaviors are routinized, and strategies are developed to link input more effectively to output (Klahr & Wallace, 1976; Siegler, 1996).

Storage and Use of Information

The amount of information that young children take in and their ability to store and manipulate it is limited. Chi and Klahr (1975) found that 5-year-olds could perceive no more than three objects flashed simultaneously on a screen, whereas older adolescents and adults could take in six or seven objects at a glance. Thus, older children and adults can work through various steps in complex problems without losing track of what they are doing, but young children cannot (Kail, 1990).

Also, older children and adults have generally accumulated more knowledge than young children, process information more rapidly, and have more effective strategies for dealing with problems (Chi & Koeske, 1983; Siegler, 1996). Siegler (1996) and Flavell, Miller, and Miller (1993) posit that performance improves in the course of development because of maturation of the brain (Case, 1992; Fischer & Rose, 1995) and the development of more effective information-processing routines (Vurpillot, 1968; Zinchenko, Chzhi-Tsin, & Tarakanov 1963). As a consequence, older children have more information available in long-term memory storage that can be swiftly applied to new problems as they arise. Case, Marini, McKeough, Dennis, and Goldberg (1986)

noted that young children take longer to repeat a number such as 10 or 2 than older children. They also reported that older children named individual numbers quickly, which reduced the time interval between numbers and increased the likelihood of retaining the numbers in memory.

The ability of older children to repeat digits more quickly appears to be just one instance of a more general tendency for older children and adults to carry out cognitive operations faster than younger aged children. In comparison with young adults, 4- to 5-year olds generally responded 300 percent more slowly, 8-year-olds responded 200 percent more slowly, and 11-year-olds took 50 percent more time to respond to visual cues. As a consequence of this increase in mental processing speed, older children and adults can be expected to execute more cognitive operations in a given time span than younger children. Therefore, they tend to demonstrate increased intellectual effectiveness (Kail and Park, 1994).

Educational Preparation

Early maturing girls need a Knowledge base about menarche prior to its onset. At the early signs of impending menarche, young girls can benefit from a mental store of knowledge upon which to govern their behavioral responses relative to the menstrual event. On the other hand, menarche can be a traumatic experience for young girls who have received little or no information about menstruation (Amann-Gainotti, 1986).

Limited Educational Preparation

Informational sources about the menarche usually consist of mother, peer-friend, and other relatives. Education preparation about menstruation in the public schools, however, generally does not include young girls in the third grade or their parents (Swenson, Foster, & Asay, 1995). Many African American females start menstruating while in the third grade, or by 9/10 years of age (Herman-Giddens et al., 1997), but information from school health nurses is minimum to nonexistent for this grade level. Consequently, these young females may not receive any education about their impending menarche.

Swenson, Foster, and Asay (1995) found that few classroom teachers and nurses employed by the public schools and health departments include educational material about menstruation at grade four. Also, no school nurse from a sample of N=39 offered information to students in the third grade about the developmental event, menarche. Grade five (82%) was the most frequently reported grade by nurses for teaching menstrual content. The nurses reported that they were the persons (85%) who most often taught information in the schools about menstruation. The content that nurses provided students in the public schools were related to menstruation, reproduction, and sexuality.

Important sources of information for pre- and postmenarcheal girls are mothers and friends, and to a

lesser extent other relatives and teachers. Amann-Gainotti (1986) also found this to be a concern in Italy. On the whole, the study of 176 randomly selected Italian females, ages 11 to 14 years, showed fathers were minimally involved for 2% of the 91 premenarcheal girls and not at all involved in providing information to 85 postmenarcheal girls. Also, Amann-Gainotti found that this sample of working-class families reported that few books or magazines (4% for pre- and 8% for postmenarcheal girls) on menstruation were used to obtain information, which could have been partly related to the subjects' middle to low socioeconomic lifestyle.

Mothers as Teachers about the Menarche

In a study conducted by a nurse, (Dashiff, 1992), mothers were the primary source of information about menarche for 23 African American girls who had not started menstruating. Data were collected through individual audiotape interviews using open-ended questions with a sample of 38 fifth-grade African American girls ages 10 to 14 years. This sample of young girls came from three middle schools in the same district. Friends, older sisters, and teachers were also mentioned as sources about menstruation. Girls who learned first from their mothers in private talks or who received directions from their mothers about the use of menstrual products and hygiene measures rated the educational experience as pleasant.

Girls who felt the most educationally prepared, reported positive feelings about starting menstruation (Brooks-Gunn & Ruble, 1980; Clark & Ruble, 1978; Hill, Holmbeck, Marlow, Green, & Lynch, 1985; Kieren, 1992; McGrory, 1990; Scott, Danette, Panizo, & Roger, 1989). Scott et al. (1989) reported in their study comparing 67 postmenarcheal African American Girl Scout girls to Brooks-Gunn & Ruble's (1980) sample of White Girl Scouts that the less prepared the girls perceived themselves to be, the more negative feelings they expressed about menarche. Also, they found a tendency existed for the girls who felt more prepared to express more positive feelings. Another issue Scott et al. (1989) addressed was the relationship between the girls' age at menarche and their feelings of preparedness. Scott et al. (1989) found that those girls who experienced menarche early, age younger than 12 years, felt less prepared than those whose menarche occurred later, after age 12.

Koff and Rierdan (1995) asked 157 White, middle-to upper-middle-class 9th-grade girls in a longitudinal study how they would prepare younger girls for the menarcheal event, and how they would advise parents to prepare their daughters. The girls emphasized the need for emotional support and assurance that menstruation was normal and healthy. They discussed the practical aspects of menstrual hygiene and the subjective experience of how one actually

feels; they felt that these feelings should not be kept a secret from a young girl expecting menarche to arrive soon. Ninety per cent of the girls talked about menstruation with their mothers, but few had discussed it with their fathers and other male sources. Fathers were expected to be supportive, but silent. A few girls believed fathers should be excluded completely. Responses from this sample of girls suggested early preparation should include a shift in focus from the biology of menstruation to the more personal, subjective, and immediate aspects of the experience. The young girls also supported a conceptualization of menstrual education as a long-term, continuous process, beginning well before menarche and continuing long after its onset. This sample of girls also suggested that mothers should keep the fact that they have started to menstruate a secret.

Responses to Menstruation

The age of young girls at menarche is relevant and can influence their social psychological behavior, and how others respond to them. Menarche brings a host of changes influencing the young girl's physiological, psychological, social, and familial status. As a physiologic event, menarche has irrevocable implications for the young girl's female gender (Lee, 1994). Through menarche, she is transformed into a sexual being capable of becoming pregnant (Lee & Sasser-Coen, 1996). The physical changes (increase in height and weight; redistribution of body fat; bodily

proportions transformation; emergence of secondary sex characteristics and menarche) associated with puberty trigger a chain reaction of psychological changes concerning how the young girl perceives herself (Richards, Boxer, Petersen, & Albrecht, 1990; Slap, Khalid, Paikoff, Brooks-Gunn, & Warren, 1994) and how others perceive her (Delaney, Lupton, & Toth, 1988). The responses to menarche, a normal developmental event, are presented in this section under three domains: psychological responses, relationships with peers, and familial status and relationship.

Psychological Responses

Several theories have been used by investigators over the years to present psychological responses of females to the menstrual process. The dominant theory discerned by Grief and Ulman's (1982) review showed that previous researchers relied on Freud's psychoanalytical thoughts about penis-envy and castration to describe females' behavior at menstruation. Few investigators used Benedict's (1954) and Mead's (1952) thoughts about the meaning of the menarcheal event in a particular culture. Grief and Ulman reported that Stone and Barker (1939) used the biopsychosocial model about menarche to stress the superior lifestyle and racial-ethnic qualities of White American females over other groups of females. From the 1930s to the 1980s, according to Grief and Ulman's review, the psychological health of non-White females was virtually not considered from a theoretical position.

By the mid-1980s and the start of the 1990s, a few investigators (Dashiff, 1992; Doswell & Millor, 1993; Doswell & Vandestienne, 1996; Du Toit, 1987; Phinney, Jensen, Olsen, & Cundick, 1990; Scott, Danette, Panizo, & Roger, 1989; Skandhan, Pandya, Shandhan, & Mehta, 1988) conducted research studies on menarche with non-White females. Research scholars sought the feminist perspective (Lee, 1994), the childhood ecological model (Baumrind, 1993; Bronfenbrenner, 1997), and the sociobiological model (Belsky, Steinberg, & Draper, 1991; Moffitt, Caspi, Belsky, & Silva, 1992; Wierson, Long, & Forehand, 1993) as theoretical positions on which to present empirical data about menarche.

Negative responses

A review of the literature done by Grief and Ulman (1982) from the 1930s to 1981 showed that investigators reported middle-class White American female responded to their menarcheal onset with shame, embarrassment, fear, disgust, nervousness, humiliation, and increased self-consciousness. Many White females reported menarche was a nuisance and physically uncomfortable; this lead to a limitation on many routine childhood play activities and peer interaction. Grief and Ulman learned from their review that the parent-child relationship suffered. The mother-daughter relationship suffered the most with increased arguments and distance. These authors wrote that some of

the researchers concluded that White females treated menarcheal onset as a hygienic crisis rather than a maturational milestone. For many White females, then, Menarche was viewed as a negative and traumatic experience that served to lower their self-esteem.

Amann-Gainotti (1986) observed that girls' knowledge deficit and negative beliefs about menstruation were reflected in their responses to the question, "Can you tell me what menstruation is" (p. 705)? For premenarcheal girls, 42% stated that "menstruation is monthly bleeding" and 9% gave no response. Few young girls in Amann-Gainotti's sample had any understanding about the physiology of menstruation. Here is an example. A 13.2-year-old postmenarcheal girl stated:

Menstruation is a flow of blood, but I don't know whether it is an arterial or a venous one. However, in my opinion, it starts from the heart, goes around the whole body, and comes directly into the stomach. When it arrives in the stomach, the blood knocks violently against the ovaries and they break, and that's why we lose blood from the vagina (p. 706).

Amann-Gainotti also noted that girls without educational preparation voiced menarche as a traumatic experience, which was further exemplified through such remarks as, "I didn't know what was happening. I thought I had to die" (p.709). "I got terribly afraid. I didn't know what to do" (p. 709).

McGrory (1990) noted that embarrassment was most often the response to the 6-factor Menstrual Attitude

Questionnaire (MAQ) by premenarcheal girls with a mean age of 13.34 years. Seventy participants in a sample of 95 middle-class White girls from biological-mother-father homes provided incomplete, or partial, responses for data on the MAQ. Further, McGrory (1990) noted that 67 of 162 parents refused to consent to their daughters' participation in the study. McGrory wrote that parents thought it was "a much too personal topic" (p. 268). McGrory surmised that the refusals suggested the sensitive and embarrassing nature of menstruation as a topic of discussion for many young girls and their parents.

Topics used by Lee (1994) from a feminist perspective to describe the menarcheal experience of females with an age span of 18 to 80 years included contaminating bodies, alienated bodies, anxious bodies, and bodies and boys. According to Lee, these titles represent the negative position females find themselves at the onset of their menstrual flow in a patriarchal society that devalues women. A White working-class woman in her thirties responded to contaminating bodies by stating:

When I first started menstruating (the very first time) I had experienced incredible stomach pains the night before. I stayed in bed all night and was the first one up in the morning. I went to the bathroom and lo and behold there was blood. I felt mortified because I knew what had happened. I felt incredibly ashamed and didn't tell anyone for a year (I used tissue paper). Now I was like my mother, a woman who had a bad smelly part of her. This, for the most part, is also how men see menstruation, as something filthy belonging to a woman that makes them mentally unstable (p. 347).

For Lee's sample, menarche was something that invaded their "self," something that happened to them, and the disdain affiliated with the blood encouraged many women to go to lengths to hide the evidence of their contamination. Many of the women reported fears during childhood of showing proof of wearing pads or staining cloth garments or bed sheets. They learned early that they must hide all evidence of menstruation from boys and men, brothers and fathers. This, according to Lee (1994) contributed to a self-consciousness for girls who were used to playing with boys. One young lady stated, "When I didn't have my period I didn't mind playing with the guys, but when I did, I was afraid someone would see me, like something might leak through" (p. 353).

Results from several studies (Brooks-Gunn & Ruble, 1980; Clark & Ruble, 1978; Hill, Holmbeck, Marlow, Green, & Lynch, 1985; Koff & Rierdan, 1995; McGrory, 1990) using middle-class White samples and various measures showed postmenarcheal girls have more negative attitudes towards menstruation than premenarcheal girls, and that they experience more negative emotions than those girls who have not yet experienced menarcheal onset. These differences occurred despite educational preparation.

Results from an all African American Girl Scout sample of 67 postmenarcheal girls with a mean age of 13.5 showed negative feelings about starting their menstrual flow

(Scott, Danette, Panizo, & Roger, 1989). Ten percent of the girls identified fear, discomfort, and pain as responses on the Ruble and Brooks-Gunn (1982) questionnaire that was used with White Girl Scouts from similar biological mother-father homes and socioeconomic class strata. Twenty-four percent of Scott et al.'s (1989) sample reported that menarche meant "nothing" (p. 365).

A cohort longitudinal study done by Caspi and Moffitt (1991) with an all White middle-class sample of 1,037 girls tested the early-timing hypotheses of early-maturing girls' adjustment difficulties in adolescence. The researchers noted that early maturing girls exhibited adjustment problems at age 13 years. Additionally, the early onset of menarche magnified behavioral problems from earlier childhood.

Positive responses

Grief and Ulman (1982) showed in their literature review that a few investigators reported positive menarcheal responses by the White female, which consisted of being surprised, but happy and proud about the womanly similarities to their mothers. Proximity of mothers and daughters grew closer and openness in communication was enhanced. Young White females, according to Grief and Ulman's review, with positive experiences to menarche were previewed about its onset and what to expect.

Amann-Gainotti (1986) noted that forty-one percent of the postmenarcheal girls reported positive feelings about their first menstrual flow in that it made them feel more mature, more adult, and similar to their friends. However, 47% made a negative judgment, and 12% were ambivalent. The negative responses were related to feelings of annoyance with the physical discomfort and pain, limitations of liberty from parents, and feelings of shame in front of boys and male family members.

Amann-Gainotti (1986) also reported a significant relationship between girls' positive responses to their initial menstrual flow and the family's attitudes toward menstruation ($\chi^2 = 32.34, p < .001$). Also, there was a significant relationship between positive responses and menarcheal education ($\chi^2 = 13.04, p < .001$).

In a longitudinal study of growth carried out by Jones and Mussen (1958) with a sample of 34 White middle-class subjects, 16 girls were labelled early-maturers and 18 were labelled late-maturers from measurements of their wrists and hands. In response to menarche, early-maturers indicated a greater need for recognition. The 18 item Thematic Apperception Test (TAT) was administered individually to the girls during their last year in high school. Results from the TAT permitted Jones and Mussen (1958) to conclude that because early-maturing girls were out-of-phase with their peers, they had a tendency to have greater difficulty in

personal-social relations at first. Eventually, early-maturers' personal-social relations improved in later adolescent years which put them in step with their peers.

Self-Concept

A young girl's self-concept is comprised of her self-esteem and self-image (Erikson, 1963; Harter, 1990). Early menarche may make African American girls vulnerable to low self-esteem and self-image (Scott, Danette, Panizo, & Roger, 1989). The manner in which an early maturer views her personal transition and physical body image at menarche may give rise to her integration of a revised self-image. Fears of being different or out of developmental synchrony with same-age peers in this physical aspect may shape the unfolding of negative body images and a devalued self-hood (Blos, 1962; Rierdan, Koff, & Stubbs, 1987).

The onset of puberty and menarche may precipitate changes in self-esteem and self-image, making girls vulnerable for high-risk behaviors (Caspi & Moffitt, 1991). This has particularly significant ramifications for many African American girls because of their documented early age of puberty and menarche. It has traditionally been asserted that African-American children and adolescents are more likely to have low self-esteem because of their membership in a stigmatized racial group, although many researches who make this assertion rely on the racial preference findings rather than measured self-esteem (Cross, 1991; Spencer &

Markstrom-Adams, 1990; Tuck, 1997). Contrary to the stigmatization viewpoint, other recent research suggests that African-American children have self-esteem equal to or higher than that of their White counterparts (Simmons, Brown, Bush, & Blyth, 1978; Tashakkori & Thompson, 1991).

Tashakkori (1993) found that when compared with White students, African-American middle school students held more positive self-beliefs regarding physical appearance and attractiveness, and reading ability. They, however, have more negative self-beliefs regarding self-efficacy and situational control. Regarding gender, the dramatic changes in physical appearance that indicate pubertal maturation may have a greater effect on self-esteem in girls because attractiveness and satisfaction with appearance are more strongly associated with positive self-appraisal and well-being in girls than boys (Fox, Page, Armstrong, & Kirby, 1994). Hence, girls may be at greater risk for poor self-esteem, particularly if their pubertal growth and development pattern are perceived as out of synchrony with same-age peers (Amann-Gainotti, 1986; Rierdan & Koff, 1985).

Research literature supports the idea that self-esteem is fragile, changing, and on the low end during the pubertal period (Simmons, Rosenberg, & Rosenberg, 1973). Further research by Simmons, Blyth, VanCleave, and Bush (1979) showed that early-maturing girls were more likely to have lower self-esteem compared with on-time maturers. Other

studies observed changes in self-esteem as a function of time rather than pubertal onset. One such study measured self-esteem in three racially diverse adolescent age groups: pre- (8 to 11 years), early (12 to 14 years), and late (≥ 15 years) adolescence (Simmons, Rosenberg, & Rosenberg, 1973). The investigators reported that the preadolescent group demonstrated positive self-esteem. However, 12-year-old subjects showed significantly lower self-esteem scores, suggesting perhaps that as children enter early puberty and adolescence, self-esteem declines.

Body-image in children during puberty across cultural groups have been less frequently documented. Data from a larger study examining cardiovascular health in African-American children suggest racial differences in satisfaction with body image. Brown, Schreiber, McMahon, Crawford, and Ghee (1995) found that prepubertal (9/10-year-old) African-American girls had higher body-image scores and greater tolerance for higher body mass index than prepubertal White girls.

Personality Characteristics of Maturing Females

A number of researchers have examined differences in personality characteristics or behaviors of pre-and post menarcheal girls to determine the impact of menarche on personality functioning (Grief & Ulman, 1982). Stone and Barker (1939) used a sample of 1,000 White American-born girls of middle and north European stock to compare pre- and

postmenarcheal girls. Questionnaires were administered to 7th , 8th, and 9th grade girls. It was noted that the postmenarcheal girls gave mature responses more frequently than the premenarcheal girls as determined by Pressey and the Sullivan tests. The groups differed in items measuring their responses to personal appearance, heterosexual interests and attitudes, avoidance of physical exertion, daydreaming, and home conflicts. Because same-aged girls differed on the personality and interest measure, Stone and Barker (1939) concluded that the girls' personality changes were associated with physiological maturity and were related to their changes in attitudes and interests. As expressed by Stone and Barker, "the results of this study are not to be generalized to other racial groups, because of differences in biological makeup and in cultural practices" (p. 28).

Rierdan and Koff (1980) investigated the impact of menarche on body image and psychological functioning. The authors administered the Draw-a-Person test and a questionnaire regarding developmental changes to a sample of 94 seventh and eighth grade girls. The drawings were analyzed and scored according to Haworth and Normington's four-level Sexual Differentiation Scale, and the Saarni and Azara's criteria for aggression-hostility and insecurity-lability. Results showed no difference in the girl's anxiety before and after menarche.

Familial Status

The onset of puberty and menarche can cause dramatic and turbulent changes within the family structure. Some researchers suggested that menarche triggers a re-definition in family relationships that influences both the emotional communications and behavioral patterns of the family (Holmbeck & Hill, 1991; Rich, 1990). One reason why the onset of puberty and menarche cause such turmoil is because developmental changes are the matrix from which the ultimate separation-individuation from the family emerges (Bronfenbrenner, 1997).

Menarche brings with it a host of implications that have a serious impact on the family. Parents must now recognize their daughter's burgeoning sexuality. With menstruation comes the possibility that the girl will act in a sexual manner. Thus, for the first time, then, the young girl is vulnerable to AIDS, sexually transmitted diseases, and pregnancy (DuRant & Seymour, 1990; Doswell, Millor, Thompson, & Braxter, 1998).

Holmbeck and Hill (1991) investigated the influence of the young girl's menarcheal status on the emotional relationships within the family. These researchers found that interactions imbued with conflict and assertiveness between the child and her parents are most pronounced at menarche, especially between the child and her mother. Mothers and daughters became increasingly argumentative

about limitations and restrictions placed on the newly menstruating young girls. These findings were similar to the data from a study carried out by Papini and Sebbby (1987), which found that relations between mother and the young girl deteriorated as the mother perceived that she lost control over the early maturer.

Menarche to Sex and Pregnancy

Children are sexual beings (Goldman & Goldman, 1988) and sexual curiosity rise markedly with the onset of menarche (Rutler, 1997). Early menarche may contribute to the early initiation of sexual behaviors, putting the early maturer at risk for pregnancy and sexually transmitted diseases. Around menarcheal, then, girls are likely to become much more sexually active, both because of the symbolic significance of secondary sexual characteristics (breast development etc.), and a hormonally driven interest in fuller sexual relationships.

Menarche is a symbolically significant time in many societies when girls are ritually separated from the company of boys (Delaney, Lupton, & Toth, 1988). But in modern societies such segregation rarely takes place, and sexual relationships between young adolescents (within the context of a private peer culture, quite separate from the world of adult control) are common (Blos, 1962).

Vinovskis (1988) reported data from the 1983 National Longitudinal Survey of Youth (NLSY) that showed 59.4% of

African American female adolescents were sexually active prior to marriage by age 18 years compared with 41.6% of White females. The data also showed that unmarried young African American females from poorer socioeconomic backgrounds with uneducated mothers were more likely to be sexually active than those from middle- or upper-class homes.

DuRant and Seymour (1990) studied sexual behaviors in Hispanic females in the United States. A range in onset of menarche of 9.1 years to 14.2 years was recorded. The earlier the age at sexual maturity, the more likely it was that a young girl would engage in regular intercourse by age 14. At that age, 80% of urban girls with onset of menarche before age 12 had engaged in sexual intercourse. Somewhat similar findings came from Leite, Everardo, Buoncompagno, Leite, Battistori (1994) who surveyed college Brazilian middle-class females. This survey showed that 28% of the females had achieved sexual intercourse by age 16. Further, they reported that 9% Nine per cent had experienced menarche at age 10 or younger, and 58% by age 12. Research reports suggest that earlier menarche is linked to a young age at commencement of sexual intercourse.

Children in all cultures take pleasure in fondling and masturbating themselves from an early age (Kinsey, Pomeroy, Martin, & Gebhard, 1953; Langfeldt, 1981). These activities do not decline in what Freud termed the 'latency' period

(ages 7 to 11) but continue with increasing frequency throughout childhood. It is atypical for children to engage in oral exploration of a friend's genitals (Friedrich, Gramsch, Broughton, Kuiper, & Beilker, 1991). But, about 10% of children attempt or achieve some form of heterosexual coitus by the age of 12 (Masters, Johnson, & Kolodney, 1992), while a smaller number engage in repeated sexual contacts with a child of the same sex.

Prendergast (1993) reported that it is quite common in America for White children 10 and 11-year-olds to begin dating and to become sexually experienced with intercourse. A comparison of surveys of American teenagers from 1981 to 1990 indicates that rates of sexual activity in early adolescence, including the frequencies of intercourse, and the number of different partners involved, have increased slightly with about seven per cent of children now having had their first experience of completed sexual intercourse by age 13 (Miller, Christopherson, & King, 1993).

In Barone's (1995) American survey of 119 inner-city 6th and 7th graders (average 12.4 years) 19% of girls had engaged in high-risk sex, which was defined as intercourse without the use of condoms. In another American study, Farrell, Danish, and Howard (1992) reported sexual intercourse rates of 35% in girls by age 14. In a survey done by Orr, Breiter, and Ingersol (1991) with 1,750 students attending schools in stable, working class urban

areas in America, 37% of 13-year-old girls had achieved intercourse at least once, with 4% having intercourse at least weekly.

American research (Elliott & Morse, 1989; Farrell, Danish, & Howard, 1992; Barone, 1995) suggests that deviant behaviors and poor school work precede sexual activities with peers up to age 13. In other words, precocious sexual activity can be part of a general sub-culture of rejecting mainstream values, and seems to form part of a drop-out, hedonistic counter-culture. It should be noted, however, that the Calgary study completed by Meikle, Peitchinis, and Pearce (1984) did not confirm this finding. Promiscuous 13-year-olds in that study did not come from disadvantaged backgrounds.

Peer Relationships

The average age of 12.16 years at menarche for the African-American female is a developmental epoch during which peer relations begin to assume prominence over the young girl's status in the family (Koff, Rierdan, & Jacobson, 1981). This is a time when many girls have best friends and begin to assimilate into a regular group of peers. Many put a high value on the opinions of their friends, and it is argued that those who value their friends' opinions more than their parents' are more sexually active (Newcomer, Udry, & Cameron, 1983). As such, it is appropriate to ask whether the menarche influences peer

relationships. In addition, since the menarche is associated with changes in the girl's physical appearance and body-image perception, it is worth-while asking how the event enables the girl to further assimilate with peers.

A major dilemma for the postmenarcheal girl concerns whether or not to tell one's best friend about the onset of menstruation. Investigators' survey showed more pre- as opposed to postmenarcheal girls expected to tell their close friends about the beginning of their period (Koff, Rierdan & Jacobson, 1981). The responses of many of the girls in the survey revealed heightened self-consciousness close to anguish. These girls seemed obsessed about whether or not others at school knew of their changed status. One of the girls in the survey wondered if everyone would still like her when her secret was discovered. These findings are consistent with earlier patterns reported by Whisnant and Zegans (1975) in which premenarcheal girls seemed more excited and enthusiastic about the prospect of menstruation. Postmenarcheal girls, however, were cautious and anxious about embarrassment and about the opinions of others concerning their menstrual status. The theme of secrecy is prominent with postmenarcheal girls, who confessed a desire to conceal and hide their menarche as if it were an event that triggered shame.

Newcomer, Udry, and Cameron (1983) used a questionnaire to examine the association between peer popularity and

sexual behavior in a sample of 1405 White and African Americans from several junior high schools in a Southern urban area. Sample members were 11 to 17 years old with an average age of 13.6. White females comprised 38% of the sample and 13% were African American females. The results showed that those White girls who were most popular with boys reported the most sexual experience. African American females, however, showed the opposite. That is, African American females' popularity with their opposite-peer-sex was not associated with more intercourse or with more sexual experience. Further, unlike White girls, African American girls who were most popular with same-sex-peers were less sexually experienced than those girls who had just one friend.

Summary

A review of the literature and related theories about menarche were presented in this chapter. The topics included age of menarcheal onset, cognition in the child, educational preparation, and responses to menarche. The next chapter discusses the methods and procedures used to conduct the study.

CHAPTER 3 METHODS AND PROCEDURES

This chapter presents a review of the methods and procedures used in the study. The components of this chapter include a description of the (1) research design, (2) sample, (3) scientific integrity and rigor, (4) protection of human subjects, (5) data collection, (6) data analysis and verification, and (7) summary.

Research Design

The qualitative case study approach was the primary methodological research design used to recruit research participants and to collect, analyze, and present the data. This is a naturalistic design that is emergent, recursive, and useful for illuminating basic social and psychological processes (Burawoy et al., 1991; Morse, 1992) essential to inductively (re)constructing theory (Yin, 1994). The naturalistic design is also referred to as the qualitative method (Marshall & Rossman, 1999). A distinct feature of this design is that the researcher has no intent to introduce interventions. Its aim is to describe events as they occur, naturally.

Case study research under the qualitative paradigm is a detailed examination of one setting, or one single subject, or one single depository of documents, or one particular

event (Bogden & Biklen, 1982; Yin, 1994). It is the preferred research method for answering "how" or "why" questions, or for examining events over which the investigator has little or no control. It is also used for focusing on a contemporary phenomenon within some real-life context. The qualitative case study design is driven by the belief that reality is complex, constructed, and ultimately subjective (Burawoy et al., 1991; Duffy, 1987; Leininger, 1985). As a result, the case study approach allows an investigator to retain the holistic and meaningful qualities of real-life events. Thus, menarche was the one particular event on which data were collected from 30 African American females to answer "how" or "why" questions regarding their menarcheal experiences.

Sandelowski, Davis, and Harris (1989) noted the case study design is selected when there is an apparent knowledge deficit about a phenomenon because of perceived biases or omissions concerning what is known. Previously, several researchers omitted 9/10-year-old African American females from empirical studies concerning menarche (Belsky, Steinberg, & Draper, 1991; Grief & Ulman, 1982; Jones & Mussen, 1958; McGrory, 1990; Moffitt, Caspi, Belsky, & Silva, 1992; Moore, 1995; Stone & Barker, 1939). A few contemporary researchers have made efforts to address this knowledge deficit about the menarcheal experiences of African American females (Dashiff, 1992; Lee, 1994; Scott,

Danette, Panizo, & Roger, 1989) and other non-White girls (Du Toit, 1987). Further, the qualitative case study approach has never been used as the primary method of data collection with 9/10-year-old African American females at the time of their menarche to answer the "how" or "why" questions about their social and psychological responses.

Lastly, many research scholars commonly confuse qualitative case studies with ethnographies (Fetterman, 1989) or with participant-observation studies (Jorgensen, 1989). The word ethnography is derived from the Greek word *ethno*, which means portrait of people; thus, ethnography is the study of a cultural scene, group, or setting (Burns & Groves, 1997). The purpose is to describe a folkway and mores through examining various cultural characteristics (Burns & Groves, 1997). Generally, ethnographies command that investigators spend considerable time in the "field" while recording observational evidence (Burawoy et al., 1991).

Participant-observation also commands a hefty contribution of "field" efforts, but the investigator acts as a participant while observing and recording data. On the other hand, the case study approach does not depend solely on ethnographic or participant-observer data. Depending on the topic, a valid and quality case study could be done through a telephone interview or the theoretical examination of a research instrument. These approaches are not possible

with ethnographic or participant-observer qualitative studies (Yin, 1994).

Sample

The population for this study included a sample of 30 African American females in a rural Southern community in central Florida. Purposive sampling permitted the investigator to locate participants who were able to communicate in a "focused conversation" about their experiences to menarcheal onset. The demographics of the final sample of participants are indicated in Table 3-2. But before the recruitment of final participants, a feasibility study was conducted.

Feasibility Study

A feasibility study was done from July to September, 1996 to learn if an adequate number of qualifiable participants would be available. This study revealed that 57 of 83 mother-daughter dyads in the selected community met the research inclusion criteria. Of the 57 mother-daughter dyads that met the criteria, only one individual verbalized her disinterest in the study. She was not included in the sample. McGrory (1990) found 67 of 162 mother-daughters refused (42%) to participate in a questionnaire survey about menarche in the early adolescent.

It was originally intended that the fathers of the young girls would also be participants in the study. However, all fathers rejected the investigator's invitation

during this feasibility study. One father stated, "Don't talk about that stuff around me." Most fathers acknowledged the conversation was "woman's talk" and quietly excused themselves. Other researchers also found it difficult to gain fathers' participation in a "focused conversation" about menstruation as a research topic (Amann-Gainotti, 1986; Moffitt, Caspi, Belsky, & Silva, 1992). Usually mothers are the first to know from their daughters that they have started to menstruate and seldom do fathers learn first-hand from young girls about their menstrual onset (Holmbeck & Hill, 1991; Notman, 1992). Nevertheless, the feasibility study for the availability of an adequate sample size determined that this Southern rural central Florida community was an appropriate site to conduct this naturalistic study.

Family Types

Family types in the feasibility sample resembled the diversified models of families found in present day United States (Berardo, 1991; Billingsley, 1992; Willie, 1985). A heterogeneity of socioeconomic classes, family-member compositions, and marital statuses for this sample are contained in Table 3-1. Thirty (54%) of the 56 females lived in a nuclear or traditional family structure with both biological parents. There were 9 (16%) females living in the adopted family design. Two females were legally adopted by their maternal grandparents, one by her paternal

grandparents, one by her maternal aunt, and five by non-relatives. The single-parent female-headed household family pattern belonged to 13 (20%) females. Only 4 (7%) of the females lived in an unofficial foster family structure. This type of foster family group consisted of fictive kins, which are individuals who have no blood ties to the female but are viewed by the child as being close relatives (Kornblum, 1997). Of this foster family type, one female lived with her mother's protestant pastor and his wife, another lived with her mother's friend, and two of the females were "taken in" by families in their neighborhoods and were living with them for 3 or more years.

Socioeconomic Status (SES)

Socioeconomical status of American families are determined by the education and occupation of the head of the family and the family's total yearly income (Hollingshead, 1949, 1957; Gilbert & Kahl, 1993). The SES for the 56 families in this feasibility study consisted of 4 (7%) at the upper-middle class strata, 13 (20%) with a middle class lifestyle, 22 (39%) in the working class, and 17 (30%) at the working poor level.

All 4 families at the upper middle class strata were nuclear. Parents in this group were professionals with college degrees and a combined yearly income over \$90,000. Middle class families were 4 nuclear, 5 adopted, 1 single-parent, and 3 foster. The middle class families had a

yearly income of at least \$40,000, and they worked in lower management and semiprofessional positions. The yearly income of families in the working group was about \$25,000 to \$30,000 for clerical and low-paid sales/craft work. There were 1 foster, 7 nuclear, 4 adoptive, and 10 single-parent families in the working class group. Fifteen (50%) of the nuclear families were working poor in service and low-paid clerical jobs with a yearly income below \$20,000. Also, there were 2 single-parent female-headed families at the working poor stratification level.

Table 3-1

Profile of Feasibility Sample's Types
of Families and Socioeconomic Classes

S.E.S.	NUCLEAR	ADOPTIVE	SINGLE	FOSTER	TOTAL
UPPER	4	0	0	0	4
MIDDLE	4	5	1	0	13
WORKING	7	4	10	1	22
POOR	15	0	2	0	17
TOTAL	30	9	13	4	56

Sampling Procedures

After this research study was approved by the Committee for the Protection of Human Subjects at the University of Florida on April, 1997, the researcher began its implementation. Sampling procedures in this research were conducted in 3 phases.

Phase 1. In phase 1, the community's County School Board was contacted for a copy of the "Directory of Information" (See Appendix A). This directory was used to secure the names and addresses of 9- and 10-year-old African American females. Assistance from the elementary school counselors was obtained in identifying females who were members of the African American racial-ethnic group, which was necessary because demographic data about race and ethnicity were not included in the school's Directory of Information.

Phase 2. At phase 2, the investigator made every attempt to contact the mothers of young girls by telephone to inform them of the study and to set up an appointment with them to discuss its purposes in greater detail. In situations where the mothers did not have telephones, the investigator visited the homes of potential participants. The investigator presented the purpose of the research and discussed its components with the mothers. These discussion ranged from 30 minutes to 2 hours. Importantly, the nature of the study, its purpose, the interview session, the

recording of information, and data storage and analysis were explicated. Both the young girl and her mother participated in these discussions about the study. After the mother and daughter had agreed to participate, and signed the consent and assent forms, the researcher presented the Demographic Data Form (Appendix B) that was completed by the mother-daughter as requested. Only 22 of the 56 mother-daughter dyads from the feasibility study proceeded to this phase of the study.

Attrition of participants occurred, because several of the girls were in Tanner's (1978) fourth stage of puberty development and had started menstruating before UFIRB was secured in April, 1997. Potential early maturing participants from the feasibility study were also lost due to their families moving from the area. Lastly, some of the girls had birthdays that placed them out of the age period for this study.

To continue as potential participants, 9- and 10-year-old African American females must have had been in Tanner's (1978) puberty stage 3, 4 or 5. Tanner's stages of puberty are generally viewed as predictive of menarche readiness and are based on physiologic changes, such as growth of pubic hair and breast development. In most healthy girls, menarche follows 6 to 12 months after the height spurt and after breasts and pubic hair have developed to Tanner's fourth stage. With the aid of pictures of genital hair

growth, the appearance and amount of hair in a female's genital region was determined by self-report and validated by the mother.

The criteria for inclusion of the 9/10-year-old female participant were: (1) Signs of first menstruation readiness, such as protruding or bulging breasts and an ample amount of pubertal hair development in the genital and armpit regions; (2) a consistent mother figure or female guardian for at least six months and one who was willing to participate in the study; and (3) the absence of a self-reported known or diagnosed health disorder that might have contributed to the delay or early onset of menstruation. Snowball sampling, a chain-referral, was used by asking Young girls and their mothers to provide the investigator with names of their friends, schoolmates, or other relatives who might qualify for inclusion in the study (Biernacki & Waldorf, 1981; Feagin, 1992; Lee & Sasser-Coen, 1996).

Phase 3. Phase 3 was the final stage of the sampling procedure. Potential participants were contacted by phone or in person at their homes on a weekly basis to learn of the young girl's menarcheal status. Also, potential participants were encouraged to call the investigator at the onset of the young girl's menarche. Participant recruitment ceased when a total of 30 interviews were completed and a core social psychological theme (living through private time) was discovered. The information gathered from the

participants reached redundancy and saturation of the conceptual domains (symbolic bleeding, regualting sexual behaviors, and managing menstrual flow) once a core theme evolved.

Sample size. The study consisted of 30 participants (15 mothers and 15 daughters). Quantitative approaches often require the use of a large sample size for statistical purposes (Yin, 1994). Qualitative research, on the other hand, employs sample sizes that are small and may range from a single subject case study to fewer than 30 participants (Marshall & Rossman, 1999; Strauss & Corbin, 1990).

Several nurses reported the use of fewer than 30 participants in qualitative research reports. In Iceland, Sveinbjarnardottir and de Casterlé (1997) used "a sample of 9 families, 18 family members - that is, 2 members in each family" (p. 47) to study the qualitative experiences of family members of the seriously mentally ill. Lee (1994) used a feminist approach in interviewing 28 postmenarcheal women of 18 to 80 years old while exploring meanings they attributed to menarche. Through the use of the Heideggerian phenomenological approach, Rather's (1992) sample of 15 registered nurses completing their baccalaureate degrees described their education experiences. Wilkinson & Pierce (1997) used a sample of 8 depressed 55/75-year-old women to examine aloneness through face-to-face interviews. A qualitative dissertation at the University of Florida's

College of Nursing (UFCN) completed by Nwoga (1997) consisted of "8 mother-daughter dyads formed out of 11 mothers and 9 adolescent daughters" (p. 96). Other UFCN's qualitative dissertations were also implemented with small sample sizes (Devers, 1994; Martin, 1995). Based on the traditional and contemporary use of the qualitative study design, and the purposes of this research, it was determined that 30 research participants were adequate (Burns & Groves, 1997; Marshall & Rossman, 1999; Yin, 1994).

Demographic Information

A profile of the final sample of African American girls and their parents are provided in seven Tables. Fifteen young girls and their mothers (15) comprised the study's final sample of 30 participants. Fathers' demographic data and responses were obtained from the young girls and their mothers. A four-digit identification (ID) number is used to identify a participant. ID numbers in Tables 3-2, 3-3, and 3-4 are the same. This ID numbering system enables a reader to identify a young girl in Table 3-2 and relate those data with her parents' data in Table 3-3 and her family type in Table 3-4. Table 3-5 provides a profile of the young girls' family types and socioeconomic grouping according to Hollingshead's Index (1949, 1957). Gilbert and Kahl (1993) also use Hollingshead's Index to describe present day America's class structure.

Table 3-6 presents a comparison profile of biological fathers' presence and absence in the home to the family's socioeconomic classification. Frequencies and percentages of the young girls' Tanner's stage of pubertal development and their family types are presented in Table 3-7. A summary of the demographic variables are provided in Table 3-8 and includes the mean, standard deviation, minimum, and maximum. The summary, frequencies, and percentages were done with the Statistical Analysis Series, Windows, 6.12 (See Appendix D).

Early maturing girls

Table 3-2 presents a profile of the 15 African American female participants who are ages 9 and 10 years old. Four of the young girls experienced menarche by age 9 years. In most healthy girls, menarche follows 6 to 12 months after the height spurt and breasts and pubic hair have developed to Tanner's fourth stage (Tanner, 1978). Eleven (73%) girls reported puberty development was at Tanner's stage four on entry into the study; they were in the study from 2 to 12 months. The length of time young girls were in the study for menarcheal appearance ranged from 17 days to 13 months. One (7%) girl, age 10 years, at Tanner's stage 5 with a height of 65 inches and a weight of 110 pounds had the shortest stay in the study which was 17 days. Table 3-7 shows that 7.2 months was the average length of stay in the study among the sample of young girls. The young girls'

averaged an height of 60 inches and a weight of 97 pounds. Three (75%) of the four girls who were 9 years old at menarche lived in nuclear families with their biological mothers and fathers.

Mothers and fathers

Demographic data about the mothers and fathers of the young girls are listed in Table 3-3. The mothers ranged in age 26 to 55 years. The age range for fathers was 29 to 59 years. Most mothers (93%) completed the first 12 years of education and earned a high school diploma. One of the mothers had an earned master's degree and one year of doctoral education. Two mothers achieved 2 to 3 years of college education beyond the high school level. Ten (67%) of the fathers had high school diplomas and two completed their baccalaureate degrees at four-year universities. Table 3-7 lists mothers with a mean age of 38.4 years and a mean education of 12.7 years. The mean age for fathers in Table 3-7 is 44.5 years and their mean education is 11.7 years. The yearly household income for this sample of participants ranged from as little as \$4,000 to as much as \$107,000. The sample's average household income is presented in Table 3-7 as \$39,800.

Family characteristics

A profile of the young girls' families is contained in Tables 3-4, 3-5, 3-6 and 3-7. Nine (60%) of the young girls (See Tables 3-4 and 3-7) lived with both of their biological

parents in nuclear families. One (7%) of the nuclear families, biological parents and two children, was at Hollingshead's socioeconomic level for the upper-middle class. Of the remaining nuclear families, 4 (27%) had middle-class incomes, 3 (20%) had incomes at the working-poor status, and 1 (7%) was at the poor income stratification. The number of individuals living in a nuclear family household ranged from 4 to 6 members.

Families in Table 3-4 with absent-biological-fathers in the home environment were of various types. Two (13%) young girls lived with their maternal grandparents as adopted children at the middle-class income level. There were 3 (20%) mothers who lived as single-parent families, 2 lived on what Hollingshead considered poor incomes and 1 was at the working-poor income level. Both of the poor income, single-parent families, lived in households with multigenerational family members, one with 12 members and the other with 9 other dwellers. The third single-parent lived with her male-friend as a cohabitation family on a working-poor income. One foster-care family with four household members lived on a working-poor income.

Scientific Integrity and Rigor

Empirical reports must respond to canons of quality (Burns, 1989; Yin, 1994). For many research scholars, the qualitative case study is a less desirable form of inquiry

Table 3-2

Demographic Profile of the Young Girls Indicating ID Number, Age, Tanner's Stage, Time in Study, and Height and Weight

ID Number	Age	Tanner's Stage	Time in Study	Height (Inches)	Weight (Pounds)
9533	9	4	2 mos.	58	71
2750	10	4	7 mos.	60	88
7784	9	4	5 mos.	63	108
5569	10	3	11 mos.	60	84
0201	10	4	12 mos.	64	107
6837	10	3	2 mos.	56	78
4520	10	4	3 mos.	60	130
9156	10	4	7 mos.	57	81
1057	9	4	7 mos.	58	83
1776	10	3	13 mos.	61	102
1844	10	5	17 days	65	110
6289	10	4	12 mos.	60	98
5483	10	4	8 mos.	60	101
1000	10	4	9 mos.	61	129
1234	9	4	10 mos.	57	86

Table 3-3

Demographic Profile of the Parents Including ID Number,
Mother's Age, Father's Age, Mother's Education, Father's
Education and Household Income

ID Number	Mother's Age	Father's Age	Mother's Education	Father's Education	Household Income
9533	40	39	18	16	\$107,000
2750	35	49	15	16	65,000
7784	33	34	12	12	45,000
5569	33	38	14	12	52,000
0201	38	40	12	12	55,000
6837	29	34	12	10	25,000
4520	42	54	12	04	27,000
9156	35	39	12	12	30,000
1057	45	47	12	12	22,000
1776#	55	58	11	12	42,000
1844#	55	55	12	12	47,000
6289*	27	34	12	12	4,000
5483*	26	29	12	12	15,000
1000+	37	58	12	10	35,000
1234◇	46	59	12	12	26,000

Code:

#: Legally adopted by maternal grandparents. Data represent maternal grandparents' profiles.

*: Multigeneration of family members living in same household. Data represent ages and grade levels of biological fathers who are not living with the mothers and girls. SES is based on mother's income.

+: Cohabitational family; mother living with male-friend. Data represent age and grade level of mother's male friend.

◇: Foster-care family; data represent foster parents.

Table 3-4

Profile of the Young Girls' Families Including Family Type,
Socioeconomic Status, and Number in Household

ID Number	Family Type	Socioeconomic Status	Number in Household
9533	Nuclear	Upper	4
2750	Nuclear	Middle	4
7784	Nuclear	Middle	6
5569	Nuclear	Middle	4
0201	Nuclear	Middle	5
6837	Nuclear	Working-Poor	6
4520	Nuclear	Working-Poor	4
9156	Nuclear	Working-Poor	6
1057	Nuclear	Poor	5
1776-ABF	Adopted#	Middle	3
1844-ABF	Adopted#	Middle	7
6289-ABF	Single*	Poor	12
5483-ABF	Single*	Poor	9
1000-ABF	Single+	Working-Poor	3
1234-ABF	Foster◇	Working-Poor	4

Code:

#: Legally adopted by maternal grandparents.

*: Multigeneration of family members living in household. SES is based on mother's income.

+: Cohabitational family; mother living with male-friend.

◇: Foster-care family.

ABF: Absent-biological-father.

Table 3-5

Profile of Family Types and Socioeconomic Classes According to Hollingshead's Index (Gilbert & Kahl, 1993)

S.E.S.	NUCLEAR	ADOPTIVE	SINGLE	FOSTER	TOTAL
UPPER	0	0	0	0	1
MIDDLE	0	0	0	0	6
WORKING	0	0	0	0	5
POOR	0	0	0	0	3
TOTAL	9	2	3	1	15

Table 3-6

Profile of Biological Father's Presence and Absence in the Home and Socioeconomic Class Stratification

SOCIOECONOMIC CLASS	BIOLOGICAL FATHERS PRESENT (Nuclear Families)	BIOLOGICAL FATHERS ABSENT (Non-Nuclear Families)
UPPER	1 (7%)	0 (0%)
MIDDLE	4 (27%)	2 (13%)
WORKING	3 (20%)	2 (13%)
POOR	1 (7%)	2 (13%)
TOTAL	9 (61%)	6 (39%)

Table 3-7

Frequency and Percent of Variables Tanner's Stage,
Family Type, and Socioeconomic Status (SES)

Variables	Frequency	Percent
Tanner's Stage		
3	3	20.0
4	11	73.3
5	1	6.7
Family Type		
Adopted	2	13.3
Foster	1	6.7
Nuclear	9	60.0
Single	3	20.0
Socioeconomic Status (SES)		
Upper	1	6.7
Middle	6	40.0
Working-Poor	5	33.3
Poor	3	20.0

Table 3-8

Summary Measures of the Demographic Variables

Variable	Mean	Standard Deviation	Minimum	Maximum
Age	9.7	0.46	9.00	10.00
Time in Study	7.23	3.97	1.00	13.00
Height (Inches)	60.00	2.60	56.00	55.00
Weight (Pounds)	60.00	17.74	71.00	130.00
Mother's Age	38.40	2.00	29.00	55.00
Father's Age	44.50	10.34	29.00	59.00
Mother's Education	12.70	1.00	11.00	16.00
Father's Education	11.00	2.71	4.00	16.00
Yearly Income	\$39,800	\$24,671	\$4,000	\$107,000
Number in Household	5.5	2.42	3.00	12.00

than experimental and correlational quantitative studies (Lincoln & Guba, 1985; Yin, 1994). A group of five prominent statisticians at Harvard University stated:

most people feel that they can prepare a case study, and nearly all of us believe we can understand one. Since neither view is well founded, the case study receives a good deal of approbation it does not deserve (Hoaglin, Light, McPeck, Mosteller, & Stoto, 1982, p. 134).

Most researchers recognize the politics of knowledge, or the ways certain knowledge is privileged and gains credence, thereby marginalizing other forms or sources of knowledge. Nevertheless, Lincoln and Guba (1985) point out that qualitative researchers must establish the "truth value" (p. 290) of the study, its applicability, consistency, and neutrality, which are terms matching the positivistic paradigm's internal validity, external validity, reliability, and objectivity. To assure rigor, Yin (1994) agrees that case study investigators must maximize these four aspects of a research design.

Several measures to ensure the overall integrity and rigor of the study were employed, and they included:

- (1) Triangulation of types of information (attitudes and perceptions, symptoms and mood, and behaviors) and data collection that involved (face-to-face interviews with the 9/10-year olds and their mothers).

- (2) Continuous validation with the mother-daughter dyad and members of the dissertation supervisory committee

provided validity about the data and the coding categories generated from the data.

(3) Multiple mother-daughter (30 participants) dyads were included in the study. Yin's (1994) position about qualitative case study design, suggests that each participant's interview in this study was the subject of an individual case study, and the study as a whole was a multiple-case study design.

Generalization is a common concern about case studies, which is best addressed through the use of the multiple-case study design, sometimes referred to as extended-case approach. Yin (1994) asserted that scientific facts are rarely based on single experiments; they are usually based on a multiple set of experiments, which replicated the same phenomenon under different conditions. The identical thoughts and approaches are used with multiple-case studies. That is, multiple numbers of qualitative case studies were replicated around menarche with 9/10-year old African American girls and their mothers from different home environments. Qualitative case studies, like quantitative experiments, are generalizable to theoretical propositions and to populations or universes. In this sense, the case study, like the experiment, does not represent a sample. The qualitative case study investigator's goal is to expand and generalize theories (analytical generalization) and not to enumerate frequencies (statistical generalization).

Thus, the researcher's goal is to complete a generalizing and not a particularizing analysis.

Protection of Human Subjects

The research protocol for this study met the approval of the University of Florida's Institutional Review Board, IRB #127-97 (Appendix A). Recruitment of participants and data collection and management procedures were followed as described by the approved research protocol.

Participants, as research subjects, were informed of their rights including their right to withdraw from this study at any time. Telephone numbers of the University of Florida's Institutional Review Board and the principal investigator were listed on the Informed Consent Form (See Appendix A). All participants signed and dated the Informed Consent Forms. Mothers were given a copy of the Informed Consent Form, and it was recommended that they keep the Form for their records. They were also advised to contact the researcher if any questions or concerns developed.

Confidentiality of participants was maintained. The use of four-digit identification code numbers selected by the participants protected their privacy during recording and transcribing of the audiotape interviews. The investigator erased audiotape interviews at the completion of the typed transcription. At this time, all tapes have been erased.

Data Collection

Interviewing is an essential feature of the qualitative case study method and in-depth interviews are often used as the leading method of data collection (Marshall & Rossman, 1999; Shaffir & Stebbins, 1991; Yin, 1994). However, many qualitative case study investigators use surveys, questionnaires, and demographic inventories to enhance the type of data collected and to increase the general robustness of the study's design (Feagin, Orum, & Sjoberg 1991; Sandelowski, Davis, & Harris, 1989).

A working list of questions (See Appendix D) were used to guide the "how" or "why" questions in a "focused conversation" interview with each mother and daughter dyad. Through the use of in-depth mother-daughter interviews and the demographical inventory, triangulation of data were achieved (Yin, 1994). These techniques are consistent with the naturalist paradigm and the qualitative case study research design (Willie, 1985; Yin, 1994).

Interviews

Minimally structured conjoint mother-daughter interviews were planned. Conjoint interviews about private and sensitive topics are preferable to private interviews, because they foster a climate of openness and trust essential to the success of a family study, allow mutual corroboration or correction of information offered to the interviewer, and reveal patterns of family members'

interactions (Kvale, 1996; LaRossa & LaRossa, 1981). Mother and daughter, rather than individuals, represented an important "natural" unit of study for this research (Burns and Grove, 1997; Sandelowski, Davis, & Harris 1989; Yin, 1994).

A general theme with an open-ended question was introduced, which focused the mothers' and daughters' thoughts while allowing freedom of expression (See Appendix D). The substance and direction of each interview varied with the mother-daughter responses. The general theme of the interview was the participants' responses to the (a) meaning of menarche, (b) effects of menarche on family members' roles and statuses, and (d) the effects of menarche on the young female's body and her self-image.

During the interview, the initial question was, " What does it mean to have your first period?" The major working research questions at the outset of this project were: (1) How do African American girls ages 9 and 10 years old think and feel about starting their first menstrual? (2) How do African American parents react to the menarcheal onset and reproductive capability in their daughters who are 9 and 10 years old? (3) How do 9/10-year-old African American girls manage the care of their first menstrual flow? and (4) What changes manifest in African American family members' relationships with each other around the onset of menarch in girls ages 9 and 10 years?

Probing questions and reflective statements were used to direct the interview, to elicit information about the timing and details of the menstrual event, and for further explanation and clarification. Silence was used to encourage the participants to fully express themselves before additional probes were introduced. Tracking served to minimize interference with the natural flow of conversation. Participants were redirected to the tracked topics only after they finished expressing their thoughts. As the study proceeded, the interviews became more or less structured depending on the content of the focused conversation and the mother-daughter dyad reactions. Lastly, directed interviewing was necessary to validate data, and it occurred at the end of the interviews.

The duration of these interviews averaged 60 minutes. All interviews took place in the participants' homes and at their convenience. Because of increased hormonal levels affecting a female's emotional state within 7 days of menstrual flow cessation (Guyton & Hill, 1996; Tanner, 1978), home visit appointments were scheduled no later than 2 to 5 days after the completion of the young girl's menarcheal flow. Most of the interviews occurred during the weekends, as requested by the mothers. As a show of thank you, a ten dollar gift certificate for the young girl and one for her mother to J.C. Penney's or a comparable store was presented at the end of the interview session.

A mother-daughter dyad could have been in the study for 17 days to 13 months before the appearance of the young female's first menstrual flow (See Table 3-2). Recall that it was only after the appearance of the young female's first menstrual flow that the interview was conducted. All interviews were audiotaped and transcribed verbatim by the investigator.

Data Analysis and Verification

A variety of qualitative and statistical techniques were used to analyze the data and to verify explanations of the data. Cross-case analysis emphasized the description of social psychological and familial processes occurring within each mother, daughter, or dyad. Descriptive statistics were used to provide summary profiles of the studied participants.

Qualitative cross-case data analysis of interviews began with substantive coding, and initial reduction of data in which the substance of the interviews were summarized without imposing any theoretical construction on the data (Burns & Groves, 1997; Marshall & Rossman, 1999; Yin, 1994). Substantive coding evolved into theoretical coding when relationships between substantive codes were discovered and theoretical linkages were made to contain, describe, and explain the data (Burns & Groves, 1997).

Analytic and process memos were maintained throughout the project in order to document changing views of the data.

Analytic memos are notations of ongoing efforts to "theorize" about the data. Process memos are notations describing observations about participants' behaviors and interactions and about the investigator's behaviors while interacting with the participants and making decisions regarding the conduct of the study (Glaser & Strauss, 1967; Marshall & Rossman, 1999).

The technique of constant comparison was employed to unveil the core agency that accounted for most of the variation in the data and that integrated the data, codes, and analytic and process memos accumulated during the course of the study (Glaser & Strauss, 1967; Yin, 1994). This method involved moving back and forth among data sets to discover patterns and to determine the presence, variation, or absence of patterns. "Living through private time" was the core social psychological category that was gleaned from these data basic to the mother-daughter's move into the menarcheal experience.

Participants completed a demographic data sheet (See Appendix B). These data were primarily used to determine participants' socioeconomic status. Also, this form provided the name, address, and phone number of participants for ease in contacting them about the young girl's menarcheal status. It also contained physiological data, such as the age, height, weight, and presence of breasts and genital hair, which were used to determine the young girl's

stage of menarcheal readiness (Tanner, 1962, 1968, 1978, 1981). This description explicates the mother's and the daughter's experiences regarding the daughter's menarche.

Summary

A description of the qualitative case study research design was presented in this chapter. The feasibility study and the three-phase sampling procedures were discussed. A rationale was given for a sample size of 30 participants. Demographics of the final sample of 30 participants with tables were described. Data collection and analysis were explained. Scientific integrity and rigor were highlighted in this chapter as significant features of the qualitative paradigm. The next chapter presents participants' narratives and "living through private time" as the core social psychological theme.

CHAPTER 4

LIVING THROUGH PRIVATE TIME

"Living through private time" is the core social psychological theme that describes life at menarcheal onset for 9/10-year-old African American females and their parents. As the result of a cross-case analysis of multiple interviews, "living through private time" emerged inductively. The interview data obtained from the young girls and their mothers support symbolic bleeding, managing menstrual flow, and regulating sexual behavior as the major conceptual domains undergirding "living through private time." Interpretations of participants' interview statements are provided for an understanding of "living through private time" and its three conceptual domains.

Organization of the Chapter

The organization of this chapter follows the pattern of a major conceptual domain being defined with properties of the domain being explicated as subthemes. Interview statements obtained from the young girls and their mothers are dispersed throughout the subthemes and are used to elucidate the defining properties within a domain of living through private time. It is at the descriptive level of the subthemes where specific "how" and "why" questions are

answered relative to the social psychological responses and practices of young girls and their parents regarding the menarcheal onset in the 9/10-year-old African American females. Fathers' responses are reported in statements received from the early-maturers and their mothers.

Symbolic Bleeding

Symbolic bleeding is the leading conceptual domain supporting "living through private time." This conceptual domain is governed by participants' philosophical beliefs and values held regarding females' experiences with menstruation. Symbolic bleeding gives a conceptual view into the social psychological and interactional lives of menarcheal girls with their parents. The subtheme properties of symbolic bleeding are philosophical beliefs, emotional responses, at another time, sexual sensuality, and private business. This conceptual domain, symbolic bleeding, was the antecedent for subsequent responses and behaviors as parents and daughters interacted over 3 to 7 days during the young girls' first menstrual flow.

Philosophical Beliefs

Mothers. From the perspective of many mother participants, menarche symbolizes childbearing capabilities, increased interest in boys, and a potential for decreased interest in education. Based on these beliefs, mother participants changed their conversational and interactional behaviors with their early maturing daughters. Mother

participants realized that they needed to show an awareness of the increasing sexual sensuality and reproductive capability of their daughters' maturing bodies. This 38-year-old mother of a 10-year-old daughter stated:

It changes her from childhood to womanhood, because now she is capable of bearing children, which we don't want right now. I try to tell her, "Now look, boys are different." I said, "But now you are going through a part of your life where now you can actually have a b-a-b-y. Babies, boys, and books don't mix. But now you've started your period and you can get pregnant. So don't let any little boy tell you, "Oh if you love me, you'll do this, you'll do this." No! Always, I try to express to my girls, save yourself, better to wait. There is no hurry.

(ID, 0201)

The onset of menstruation, according to this mother, changed a nonreproductively capable young girl from a child to a "woman" who is able to get pregnant and give birth to her own child. For this mother, females who are capable of getting pregnant have reached "womanhood." On the other hand, she emphasized that "womanhood" for a newly menstruating 10-year-old girl does not imply adult maturity to the level of independence from parental nurturance, guidance, and discipline. She discussed knowing that a newly menstruating girl of 10 years old remains a young child requiring parental directions and guidance about the values of being academically focused. Further, she described the perils of being cajoled and wooed by boys into sexual intercourse activities for which they are too young to "handle."

Beyond menarche, many early maturing girls experience irregular flows for months before establishing a regular cycle of menstruation. Menarche marks uterine maturity but it does not necessarily represents reproductive maturity (Guyton & Hill, 1996). Early menstrual cycles are often time irregular and between 55% and 82% of menstrual cycles during the first 2 years occur without ovulation (Golub, 1992). Since ovulation is required for conception, some girls may not be reproductively capable for one or two years after initiating their first menstrual cycle (Guyton & Hill, 1996). However, mother participants felt that there is always the possibility that an early maturer engaging in sexual intercourse could become pregnant. Parents in this study tended to interpret the appearance of their daughter's menarche as a sure sign of pregnancy capability and sexual interest in boys. This 37-year-old single mother living in a cohabitational family lifestyle stated:

The period means she can get pregnant. The whole idea of her seeing her period... That's the whole idea. You never know. Because you know girls like boys and everything. But you never know what they do behind your back. The meaning of the period to pregnancy and put all that on top of being a child, this is what I'm talking about. Yes, I'm concerned. I don't want nothing to happen. You know boys will tell you, "Oh, I like you and I like you and everything, and blah, blah, this and that." Next thing, boom! I got a grandbaby. The period means she can get pregnant.
(ID, 1000)

This participant addressed why mothers must be insightful about boy-girl sexual interest and intimate relationships. She stressed that mothers must acknowledge their understanding of and beliefs about menarcheal onset to pregnancy possibilities. Once young girls and boys, according to this mother, are able to enjoy each other's company clear of parental supervision, the possibilities of sexual intercourse and pregnancy occurrences increase. After all, girls do like boys. But girls and boys can learn to enjoy each other's company without engaging in sexual intercourse. Behaviors such as holding hands, hugging, playing board games, and enjoying intellectual activities are but a few of their options (Hartup, 1992; Maccoby, 1990). Mothers and fathers will need to articulate these expectations and support these manifested behaviors (Bronfenbrenner, 1997; St. Jean & Feagin, 1998).

Fathers. Stimulation of erotic zones encourages sexual desires and urges (Guyton & Hill, 1996; Rubin, 1990). Sexual foreplay and intercourse serve as neural messengers to the brain (Guyton & Hill, 1996). Thus, once neural signals are received by the brain from an erotically aroused region of the body, appropriate hormones are released and eventually act on sexual and reproductive body parts. From these points, some of the girl participants' fathers believed that continued stimulation of erotic body regions in young girls over a period of time encouraged early pubertal maturation and menarcheal onset.

An absent-biological-father used the biophysiological thesis to express his belief to his child's mother about why their daughter experienced menarche at an early age. The single mother living in a multigenerational home with their 10-year-old early-maturer stated:

She's well developed. Her dad blames me because he believes that a little boy been messing with her. [Investigator asked: "Messing with her? You mean...?"] Having sex and feeling over her body; this gets it (menstrual flow) started. That's what he says.

(ID, 6289)

Some fathers indicated to mother participants that when menarche occurs in a 10-year-old girl, it symbolizes early-age participation in sexual intercourse. This mother made it clear that her daughter's father held the belief that early menstruation and physical development come about when boys are allowed to feel and touch a young girl's body in a sexually sensual manner. According to this mother, the father believed she was to blame for the early onset of menarche appearing in their 10-year-old child. For the most part, it is believed that mothers are the-keepers-of-children, especially girls (Baumrind, 1993; Bronfenbrenner, 1997; St. Jean & Feagin, 1998). As such, some fathers will have mothers shoulder the responsibility of making sure their daughters do not become involved in sexual activities in any way. When there is "proof," such as menarcheal onset, that a child is sexually involved, a father will most likely point-finger-in-blame at mothers.

Good fortune falls short in the face of those who consciously take advantage of others for selfish reasons and without good intent. In such situations, revenge is inevitable, comes in many forms, and is hard to accept. Usually, the reprisal simulates the harm inflicted upon the victim. Fathers who as young boys took advantage of young girls for sexual fulfillment may fear their daughters will also be used by males in a similar fashion. A single mother had this to say about an absent-biological-father's reaction to their 10-year-old's experience with menarche:

Her daddy is having a hard time accepting it. She is his little girl. He feels guilty about all the wrong he has done to other people's daughters and feels that payback is going to come in the form of some boy or man trashing his daughter. He is really having a hard time with this. You know how men are. Plus, she is just very young.

(ID, 5483)

It is believed by some fathers that when they sexually wrong the daughters of other fathers, they must prepare for their daughters to endure a similar fate. Menarcheal onset in early maturing girls can symbolize a notice of imminent revenge awaiting such fathers as this mother described. A feeling of guilt looms over a father who knowingly "trashed" another father's daughter. Fathers guilty of using young girls as sex objects for pleasure and gratification may become nervous and anxious when they learn that their little girl is now menstruating.

Who must know that a young girl has started to menstruate is the attitude taken by many fathers. Some fathers believe that a young girl's menarche indicates to young boys that she is sexually ready and available. As a result, some fathers will most likely take a hush, hush approach about their daughters' menstrual status. A middle-class 55-year-old maternal grandmother had this to say about her husband:

I told him (child's grandfather) she had started. He said, "Woman, do you have to broadcast it? I don't want to hear nothing about it. I don't want to hear about it." That's him. I said, "Alright, okay." Then he said, "Don't you tell nobody else." That was that. You see your period, so you're ready for sex. That's what a lot of men think. So, I guess he doesn't want boys to think his [grand]daughter is ready or available for sex.
(ID, 1844)

Once boys learn that a girl is menstruating, they automatically assume she is ready for sex. From a biophysiological position, the act of menstruation requires the release of sexually stimulating hormones that trigger sensual urges and desires. Many boys believe a menstruating girl desires sexual activities even if she is not interested in any one particular young male. Once boys learn that a girl is menstruating, she is tagged as a potential candidate to fulfill their sexual desires. Most fathers are not remiss about how boys think, feel, and act toward menstruating girls. Silence about the menarcheal status of early maturing girls is a common belief and practice for many fathers.

Early-maturers. Mothers and fathers reacted to the onset of their early-maturer's menarche based on their understanding of and life-lived experiences around the menstrual process. Consistently, the early-maturer participants' beliefs about their menarche were in line with their understanding of what it means to menstruate. For many girl participants, menarche had no special meaning beyond bleeding or passing blood from the vagina. Whereas mothers and fathers were concerned with the meaning of menarche as linked to sex, diseases, pregnancy, and fear of retaliation, young girls were mostly concerned about the bleeding, or flow of blood. Statements from most of the girls about what they thought their menarche meant were a simple reply of "I don't know" or "nothing." However, this 10-year-old middle-class girl from a nuclear family with an older sister responded by saying:

It had no special meaning when I first saw it. It meant nothing really...I knew it was my period, because it was red like blood. That's what the teacher said it would be. I remembered to tell mom.

(ID, 0201)

She indicated there was no special meaning attached to the first sight of her menstruation. To know that it was her menarche was to recall what the teacher said about it. Outside of memory about how she should had known when her cycle started, menarche beared no special meaning relative to sex, pregnancy, or reprisal for father's wrong doings to other females.

After several minutes of thinking about an answer to the question related to the meaning of her first menstrual flow, this 10-year-old who had been in the study for 10 months replied:

I knew right away what it was...I don't know what causes it to come. I know I need it to have babies. [Breaks out into a loud laugh]. How can we (she and her friends) have babies when we're just babies? Everybody's talking about don't get pregnant, don't have babies. We can't get pregnant, cause we are babies. [Mother said with a firm voice, "Stop that."]...I'm sorry. [Softly giggled then sat back in chair while ending with a smile and folded arms].

(ID, 2750)

While attempting to give a thoughtful answer from what other people apparently told her about what it means to menstruate, this early-maturer realized from her own belief that children cannot give birth to other children. For her, it was a laughable notion once she thought about it - babies simply cannot give birth to babies. In spite of information provided prior to the onset of menarche, she understood and believed that her first menstrual flow failed to symbolize a child's ability to get pregnant.

Menarche involves blood flow from the vaginal canal. For some early-maturer participants, it was simply bleeding. Their understanding of menarche was limited to its meaning from a bleeding or biological perspective. The first interviewee, 10 years old, commented to a number of singular simple questions that generated the following response:

My period is when I bleed. [Investigator asked: "How long did it last?"] I don't know how long its supposed to last, but I started on Monday and stopped on Thursday. [Investigator asked: "Will it come on again?"] I think its going to come back again, but I don't want it to come...I didn't know what it was when it started...I thought I was wetting my pants... I didn't think I had hurt myself, but I knew I was passing blood from somewhere down there, cause it was in my panties. I just didn't understand what it was...The teachers talked to us about blood coming from down there, but I couldn't put everything together she told us. I thought it would just stop. So, I just kept changing my panties...The next day, mom found my dirty pants in the laundry and I had to tell her what was happening to me. I told her I was bleeding.

(ID, 1844)

For this early-maturer, menarche symbolized bleeding. She believed that when a young girl bleeds from the genital area, she wets her pants. As with this participant, other girls also believed the bleeding would stop and never happen again. Hence, they managed the bleeding process by lining their underwear as best they could with tissue to prevent soiling their clothing. Menarche was something that "happened" to a young girl and their understanding of why it happens is not clear. What they did understand and believed was that menarche was a bleeding process about which mothers know a lot and young girls know very little.

Emotional Responses

Early-maturers. How a person responds to events, objects, circumstances and situations depends on associated ascribed meanings and beliefs (Blumer, 1969). Responses from young girls under the subheading "philosophical

beliefs" about menarche show that early maturing girls may have a limited understanding about what the menarcheal process involves. However, most early maturing girl participants were fully aware of the bleeding or blood involved with menstruating. Passing blood, or bleeding, from the vaginal area was emotionally profound and embarrassing for early-maturer participants. As a result, crying was a common emotional response for 8 of the 15 girls in this study. Most of the girls were reserved about how they felt about starting their menstrual cycle and gave one-word answers that included, for example, "scared," "ashamed," "disgusted," and "embarrassed." Some girls said they felt "nothing." A few girls replied, "I don't know," as an answer to the question addressing their emotional responses about how they felt about starting their first menstrual flow.

Girls who were more vocal about their feelings than others described "why" they experienced specific emotions about menstruating. This 10-year-old girl who was in the study for 9 months prior to menarche stated:

I just know I don't like it. Its blood and it smells. I had to take lots of baths and change pads and panties. The pad was bulky and uncomfortable. I just don't want it to come anymore. My mama was out of town so I told my grandma. She said, "Your period started. You ain't gotta be afraid. Its just that you're developing." I don't like it.

(1000)

This narrative identified the fear that the grandmother recognized in the early maturer. This early maturer simply did not understand the role of menstruation in the developmental process of maturing into "womanhood." What she did understand, however, was that the menarcheal flow was time-consuming and a nuisance. For her, the bloody flow, odor, and pads were aggravating and annoying. She had to take lots of baths and change sanitary pads and underwear on a frequent basis in an effort to avoid adverse body odor. As a developing young girl, she prefers to be comfortable in her daily attire, but menstrual sanitary pads hindered this clothing preference.

Reflecting, some mothers shared memories of how they responded to their menarcheal onset as they helped to describe the emotions of their daughters. This 55-year-old mother stated:

I started when I was eleven. Sure did. I was young and didn't have things like that on my mind. When it came, it was almost like a shock. I had been told, but then I forgot about things like that. That was something I felt like I shouldn't be worried with at that particular time. I didn't think that was going to happen right away. I figured it's be down the road awhile. Maybe not 20 or 21 years old, but 18, 19, maybe...I discovered she had started [menstruating] through the soiled, wet laundry. I was getting ready to do the laundry, and it was wet underwear in there. And I thought it was one of the smaller children's underwear. I said, "Wait a minute. Whose underwear? Who's this?" It was hers. So I said, "No, this is hers (older daughter)." Well, she didn't tell me anything. So, she must had been ashamed, embarrassed, afraid to tell me, or she didn't really know what was happening, or why it

was happening. She didn't come to me and tell me anything. I discovered it in the laundry...I had mentioned to the teacher that I believed she was going to start real soon. I had confided with the teacher, but I even told her, but she probably forgot. [The teacher] said, "Well, just let her know whenever she starts." I have stuff here for the girls if they need it. She probably forgot. It probably happened so quick that day that she just forgot everything I told her about it. Just forgot everything. She was embarrassed because she really didn't know what was happening. All she knew was that her underwear was stained or whatever.

(ID, 1844)

This mother recalled that she also started menstruating at an age as young as 11 years. As an early-maturer, she was able to identify with "why" a young girl may not readily respond to her menarcheal flow even when taught about the process and when provided with biological explanations. For this early maturing mother, menarche was something that "happened" to an older age girl, not to a girl less than 12 years old.

A young girl of 9 or 10 years old may struggle with fuzzy-knowledge to comprehend what is happening to her body as menarche follows its normal physiological course. It is not unusual for some young girls to experience multiple emotions while attempting to sort through the earlier learned menstrual information received from their mothers and teachers. Emotions such as shock, fear, shame, and embarrassment overwhelmed many of the early-maturer participants' self-concept. For the early-maturer in the above narrative, "ignoring" the menarcheal flow by not

informing the mother or teacher was akin to not acknowledging its existence.

Few girl participants were excited about the arrival of their menarche. An older sister who was experienced with the menstrual process is in a position to help her early maturing sister identify and comprehend menarche on its appearance. The mother of a 10-year-old stated:

She was excited about it. That morning after they (she and her older sister) figured out what was happening, she came running to our bedroom door yelling [with excitement], "Mama, daddy, my period started!" We were pleased that she handled it so well.

(ID, 5569)

For this early maturer, menarcheal onset was an exciting life experience and accepting with the help of her older sister. She felt comfortable about informing both her parents without a sense of shame or embarrassment. As voiced by the mother in this narrative, they were pleased with the fact that she accepted her first menstrual flow with joy and excitement.

Parents. Parent participants' emotional responses to their daughters' menarcheal onset were consistent with their beliefs about the meaning of menstruation in a 9/10-year-old and with their relationships with the child and each other as parents. As with the child, responses for parents were varied and numerous, and included fear, apprehension, nervousness, and anxiety. One mother (ID 5569 in previous

narrative) identified positive emotions that included joy and excitement.

A 40-year-old mother of a 9-year-old early-maturer commented:

At first I was really apprehensive and scared to some degree, myself, with the implications of those possibilities of pregnancy and boyfriend/girlfriend relationships and things like that. But, I think after a couple of days, or so, after praying on it and thinking about it, I just come to the conclusions that we, as parents, adhere to some of the things that we've been taught, and go back to the old school of teaching, or the old school of thinking, and put trust in them. I shouldn't really have that fear.

(ID, 9533)

Initially, this parent was apprehensive and scared about her early-maturing daughter initiating menstruation. The "why" of her emotional responses were associated with the possibilities of sexual activities and its ramifications occurring in her child who is as young as 9 years of age. Her feelings of fear and apprehension required that she used a couple of days to think and pray about her young daughter's newly acquired menstrual status. Prayer gave her moments of mental solitude and privacy for thinking. Thus, through mental solitude for privacy, she was able to view her daughter's menstrual developmental state from a different angle. She indicated that it helps parents to pray and trust their child will recall and adhere to moral principles taught for guidance around menstruation and sexual situations. With prayer and trust, then, this parent

came to realize that her apprehensive and fearful thoughts and feelings soon abated.

Some mother participants used the biophysiological menstrual cycle model to explain the timing of menarche. This model supports the thesis that menarcheal onset is genetically and nutritionally influenced (Guyton & Hill, 1996). That is, a young girl will most likely experience menarche at or near the age of onset experienced by her mother (Chern, Gatewood, & Anderson, 1980). Also, those girls who are nutritionally developed as exhibited by their height, weight, and secondary sexual characteristics, will most likely start menstruating prior to 12 years of age (Herman-Giddens et al., 1997).

Mother participants who initiated menstruation at 16/17 years were surprised or stunned when their daughters started early at 9/10 years. A 35-year-old mother with a 10-year-old early-maturer who entered the study at Tanner's stage 4 for pubic hair development stated:

Well now, she kept saying, "Mom, so and so started her period." And it seemed like every week somebody in her fourth grade class was having a period. So, I said, well, you don't have to worry about that cause I didn't start until I was 16. Plus she is not big-boned and she is flat-chested like me. But pubic hair, she has hair. So, ah, I said you have a long ways to go before you have to worry about a period. I didn't see any signs or nothing. This hit [me and her dad] like a brick. But, she started. So, I had to talk to her about it. It's just a total surprise. I think we (she and her husband) were more nervous about it than she was.

(ID, 2750)

As voiced in the above narrative, these parents were simply not worried about, or not expecting, their 10-year-old daughter to begin menstruation; they were surprisingly stunned when it happened. For them, nervousness was an instant response for once they realized their young daughter was menstruating.

Some mother participants were more concerned or worried about how fathers would respond to learning about their daughters' early menarcheal onset than their own feelings about the child's menarche. Recall from responses under "the philosophical beliefs of fathers" that some fathers responded by blaming the mothers when young girls menstruated by 9/10 years old. Some fathers feared their daughters would be mistreated sexually by young boys as they themselves had wronged so many women. Based on the father's behavior, this 26-year-old single mother of a 10-year-old early-maturer stated:

I was worried, worried about how he [child's absent-biological-father] would react. Like I said, he done messed over a lot of women and he's afraid payback is coming to him through his daughter. But he was the first person to sat on my mind...I went to his shop and told him about it. People were there in the shop, so he was calm about it at that time...He came here (to her home) asking me how did it happened... accusing me of letting boys have her. [Investigator asked: "Sex?"] Yes, sex. That's what I mean. He thinks it got started because she been having sex. You know some men do believe that. [Investigator later learned that this child and another child participant with ID 6289 were both involved in sexual activities with young boys.] Now, he

messed over me, you know, but my mother and brothers are not after him. But like I said, he takes care of her and he spends time with her. I'm worried, I guess I'm afraid of what he might do to me if she gets pregnant. That's all I can think about.

(ID, 5483)

The personality and behavioral responses of all acting individuals in any given situation can influence how any one particular person may respond to an event or object under certain circumstances (Blumer, 1969). The many facets of human interrelationships will influence behavioral responses in various life situations (Heidegger, 1962). Men are physically stronger than women (Rubin, 1990). A hostile and aggressive male can physically and emotionally harm a female. When most women sense that a man will physically injure or harm her, they become scared and worried (Swann, Langlois, & Gilbert, 1999). Some fathers who have sexually mistreated numerous women may seek to protect the virtuous image of their own daughters from other males. From the position of some fathers, a 9/10-year-old menstruating girl is not virtuous. A father with such thinking could most likely behave in a hostile and aggressive manner towards the early-maturer's mother. Hence, some mothers are more worried about how the father of an early-maturer will respond towards them than anything else.

The following remark by a 33-year-old mother with a 9-year-old early-maturer tells how her husband's behavior influenced how she and their daughter responded:

He is all nervous about it and I'm all stressed out. I'm nervous too, but he is putting so much pressure on me. It is just too stressful. That young man talking to her by the fence and everything, and now this. These children don't need menstruation. They need to be somewhere playing, enjoying their life as a child. I know its hard on her too, because I can see it in her. Sometimes I feel for her, knowing that we are so strict and watching her every move and she doesn't fully understand menstruation or why her life all of a sudden is turned upside down. She knows we're trying to keep her from being with boys so she can't get pregnant, now she knows this. But its too much pressure on me, and I don't think she is very happy. I know she is not happy right now. He (child's father) will come around. I will pray on it and keep talking to him. He'll come around and it'll be alright.

(ID, 7784)

The mother in this narrative highlighted how a nervous father can make both the mother and the female child nervous. Also, she honed in on the fact that some mothers may feel more nervous and stressed than the father or the child when they have the added responsibility of making sure the child does not get involved sexually and risk becoming pregnant. Pregnancy can create a family crisis (Freeman & Rickels, 1993). Parental emotional responses of nervousness and stress about the early-maturer's menarcheal onset can create an unhappy home environment for the family (Holmbeck & Hill, 1991).

Many young girls relied on mother participants to be near them at the time of menarcheal onset for support and guidance. Some mothers were emotionally hurt or had a sense of guilt if they were at a geographical distance away from

their daughters at the time of menarche. Also most young girl participants indicated a sense of fear over managing the menarche without their mothers' physical presence. This 37-year-old mother stated:

I felt sorry for her. I wasn't here, like, the first day, second day, but the third day I was. I knew she was scared and she needed me here and I wasn't here for her, you know. So, I felt guilty and I was hurt, cause I was up the road working [Mother is a short-order cook and travels out of town with her live-in male-companion for work during summer months at the end of fruit harvesting season.] She is so immature, very much so. Like if something happens, she'll come to me even if my mama done talked to her, you know. She wants me there, for anything. So that's how I reacted after I realized how she would react without me. I had to come home for some piece of mind.

(ID, 1000)

This mother expressed pity for her daughter, because she was not available or near her when menarche arrived. She pointed out that young girls who are geographically separated from their mothers at menarche must turn to someone else, such as the grandmother, to console them. Consequentially, in this instance, since she was at a geographical distance, she felt obligated to return home to be near her early-maturing daughter for the balance of the menarcheal flow. Moreover, she indicated a feeling of guilt for not having been with her daughter at menarcheal onset. From this mother's perspective, in general, mothers prefer to be with their daughters at the time of the first menstrual flow.

At Another Time

Early-maturers' views on being older. Same-age girls may not be equal in physical growth (Tanner, 1962, 1981). Girls who are more advanced in development than same-age peers, menstruate at an earlier age (Herman-Giddens et al., 1997). An early developer feels different or out-of-phase with friends and peers (Blos, 1961; Caspi & Moffitt, 1991). This 9-year-old early-maturer explained why menarche should come at a later age:

[Crying while speaking.] Nobody else has it in my school. All my friends don't have it. I think I'm different...I think a person should start the period when they're older, like 15, cause I don't want it to come when I'm playing. I have to stop and change pads and wash myself. Its a lot of work and trouble. [Paused - a brief period of silence, but crying continued.] Someone may notice the pad or smell it when we are playing. I don't like the period when I'm playing. (ID, 9533)

This early maturer touched on the topic of girls identifying with same-aged peers and friends by sharing like experiences. She brushed the issue of some young girls thinking they are different when they are the only one menstruating in their friendship group. Menarche is a biological proven that symbolizes a difference to peer group members who are not experiencing the menstrual event (Golub, 1992). She identified age 15 years as a good time for menarcheal onset. From her position, an older age girl of 15 years engages in different interests and activities than

a younger age girl of 9/10 years. Her thoughts are that older age girls can better manage the menstrual flow than younger age girls.

Some early-maturer participants were sick with menarche. Girls who were sick and feeling badly, tapered their play routines. Some of the girls remained inside their homes for solitude. This 9-year-old of 108 pounds commented:

A little girl don't need a period, cause it makes her sick and she can't play and go outside anymore. I wouldn't mind having it at 25 years old, cause then I would be grown and would know what to do.

(ID, 7784)

Another early-maturer, age 10 years and weighs 102 pounds, was in the study for 13 months. She stated that:

Older, much older about 18 or 20... I could play and stuff. It kept me from playing, cause I was sick. I had to change the pads a lot. I felt so bad.

(ID, 1776)

According to the young girl participants in this study, females of 18 years or older are considered to be adults or grown-ups. These young girls believed that grown-ups know how to care for themselves when they are menstruating. Also grown people can handle the sickness that comes along with menstruation better than a child of 9/10 years old. Besides, grown-ups are free to go outside when they are menstruating, but some little girls are not free to do.

It is important that a person understand what is happening to their body as they move from one developmental stage in life to another. Menarche is unlike most developmental events in that it is discrete and may occur without noticeable warning. It can be argued that menarche is a pivotal event in a female's developmental life course. This 10-year-old early-maturer stated:

I think a person should be older, 18. I don't really understand it. I don't really know why it happened to me right now. I don't know. I think I could understand it better if I was much older. I can't remember everything everybody said about it.

(ID, 1000)

Cognitively, older-age girls are able to process and understand information about the menstrual cycle better than early maturing girls (Chi & Koeske, 1983; Siegler, 1996). Most people tend to be more accepting of certain situations and events affecting their personal life if they have an understanding of what is going on. Several people including friends, relatives, teachers, and parents could be involved in educating young girls about the menstrual cycle (Swenson, Foster, & Asay, 1995). Some early-maturers may feel bombarded by information from numerous sources and may not be able to process it for comprehension as rapidly as they receive it. Thus, the early-maturer participant in the above narrative addressed how she had difficulty remembering everything taught about menstruation at the time of onset.

Menarche can appear at similar ages in female family members (Chern, Gatewood, & Anderson, 1980). If a young girl's mother and sister started at an early age, then she will also most likely start at an early age. Some girls, however, desire to be different from all other family female members. They wish to identify more with their friends relative to the time of menarcheal onset. This 10-year-old from a middle-class nuclear family with an older sister stated:

Age 16, way up there is a good time to start. It'd be like everybody else (her friends) started. Everybody in the family started at age 11, I'm 10. I wanted to be the first one to start way, way up there. That way, mostly, plus then, you know, if I'm 16, maybe I would have changed some of my lifestyle and able to handle it better.

(ID, 0201)

For this participant, menarcheal onset at age 10 symbolized similarity with her female family members. Peer group acceptance and friendship are important to her as a schoolage girl. She expressed that girls who are different will most likely not be accepted into their friendship groups. Albeit, family is important to developing children (St. Jean & Feagin, 1998), but peer acceptance is critical for many schoolage children (Blos, 1962; Bronfenbrenner, 1997).

Early-maturers' views on being younger. Sick children are more likely to manifest behavioral regression to a phase lower than their chronological age (Comer & Poussaint, 1992;

Cooper, DeHart, & Sronfe, 1996). They desire and sometimes require attention and pampering, preferably, from their mothers. The menarcheal flow made several of the early-maturing participants sick. Two early-maturers of age 10 had this to say about why menarche should come at an age earlier than 9 or 10. The first early-maturer stated:

It should come earlier, about 5. A person could get more attention from the mother, cause the little girl is sick. She could be held and rocked by her mama. Her mother could do things for her. [Mother momentarily took a stiffened and breathless posture as if stunned by her daughter's remark.]

(ID, 5569)

The second early-maturer stated:

Probably 16. Shhhhhhhh, 16. No, no, no, 18. I don't know. I think really early, like 4 or 5, for attention. I like to be pampered when I'm sick. Mama [treats me like a baby] and buys me stuff. Yeah, younger, Umm hmm. [Mother lowered her head while quietly sighing.]

(ID, 2750)

According to these participants, an early-maturing child of 9/10 years of age is a little girl. They indicated that little girls require greater affection and attention from their mothers when they are sick. Mothers, on the other hand, may feel that a girl of 9/10 years old is too big or large for the mother to hold in her lap as she could easily do for a smaller girl, age 5 years. An early-maturer participant indicated that her mother feels sorry for her when she is sick and purchases gifts out of pity and in an

effort to make her feel better. Both participants felt that menarche is certainly a symbol of sickness and mothers should treat little girls accordingly - take care of them.

Mothers' views on being older. Mother participants agreed that early-maturing girls fall short when it comes to cognitively understanding menstruation to the level of feeling comfortable with its process. This 55-year-old mother recognized the cognitive thinking of her daughter:

She was not mentally ready. I don't think so, because she just said, she still only knows she bleeds and that's it. That's it. So, she is not mentally ready to know as to why she really is having her menses, or her first period...Even though she's started, I feel like she's still one of the little [children] around here. I basically see her as the same. She's still playing on the floor, riding her bicycle, romping and everything else with everybody else back there on the porch.
(ID, 1844)

Concretely, the menstrual flow means vaginal bleeding and this is how it was interpreted by this early-maturing girl. To bleed from a body orifice without understanding the "why" can be emotionally profound and devastating. This schoolage child's understanding of things is concrete; she views things to be the way that they are presented to her. The menstrual flow presented as bleeding and that is how she comprehended and acted upon it. As an early-maturer who is 110 pounds, according to the mother, she is still a child with childlike behaviors.

Another mother, age 33 years of middle-class socioeconomic status, made similar comments about her 9-year-old daughter of 108 pounds and 5 feet 3 inches tall:

She is still a little girl. She doesn't know what this menses is all about. For 2 days it was on and she didn't say anything until we were going into Eckerd's. For 2 days, nothing. It was on a Wednesday afternoon, and I was getting out of the car and she said, "Mama, my period is on." I said, "What? When did it start." That's when I learned about it. She had been stuffing her panties with tissue for 2 days. She said she had to think about what it was, cause she really didn't know. She wasn't for sure about what it was. She is not ready for it. I just bought a Barbie for Christmas and she plays with it, her dolls. She may look older than 9, but her mind is still like a little girl's. This period was not something we expected at this early age. I wasn't prepared for it, because I wasn't expecting it this early. I thought we had three or four more years.

(ID, 7784)

This early-maturing girl was "slow" about informing her mother that she had started her menstrual flow because she had to think about what was happening to her. She needed time to process previously received information from various sources about menstruation. Therefore, it is not unusual for her to take a day or two before informing her mother about her menarcheal status.

Most mothers are aware of the aches and pains associated with menstruating. Mother participants sympathized with daughters who experienced nausea, stomachache, backache, and muscle cramps. This 37-year-old mother described how sick her 10-year-old was as she

explained why menarche should come at an age older than 9 or 10 years:

I was 14 when I started mine. And [she's] 10 when she started hers, and I think its just too young. The things you have to go through. Like, stomachs, backaches, cramps. She was sick. Sick and nauseated and stuff like that. I felt so sorry for her. She is a little girl and [she] is quiet and immature as compared to a lot of her classmates. She is the only child and is still very much a baby.

(ID, 1000)

This mother reported that menarche is not for young girls who are immature and still very much "babies." She indicated that more mature and older age girls can better handle the physical discomforts associated with menstruating. Accordingly, little girls should not have to endure stomachs, backaches, cramps, and nausea associated with menstruation.

Sexual Sensuality

Girls are sexual beings (Masters, Johnson, & Kolodney, 1992; Vinovskis, 1988). The menstrual cycle is regulated by reproductive and sexual hormones (Delaney, Lupton, & Toth, 1988; Guyton & Hill, 1996). These hormones trigger sexual urges and desires. Menarcheal onset, according to previously described statements from mother participants, symbolizes a young girl's sexual sensuality and desires for the companionship and affection of a young boy.

A 35-year-old mother with a 10-year-old early-maturer described her thoughts and feelings about a female's sexual

interest at a "certain time of the month" during the menstrual cycle:

Very nervous at first. Very nervous, cause she's so young and menstruation, you know, you have certain feelings and desires with the hormones. At a certain time of the month, the hormones act on the body and desires are there. Ah, she is human and her body reacts to hormones just like any female. So I'm nervous and concerned about her and the possible desire or wish to be with a boy.

(ID, 9156)

This mother's narrative indicates that sexual hormones act on all humans in a similar fashion. Mother participants are humans and they experience sexual urges and desires at a certain time of the month with their menstrual cycles. This sexual knowledge is frightening and made most mother participants nervous when they thought about it in reference to their early-maturing daughters of 9/10 years of age.

Some parents expressed a sense of disbelief about their 9/10-year-old daughter being sexually sensual and reproductively capable. Regardless of their early-maturer's chronological age, mental maturity, and body size, parent participants acknowledged her menarcheal status and its ramifications. A 29-year-old mother described how concerned she was when she learned of her 10-year-old daughter's menarcheal status:

It is kind of frightening. Sometimes it frightens me. Sometimes I think about it. She is so young and she's not a very big girl for her age. Her older sister started at 13; they're 5 years apart.

It bothered me when she started, but not like it is with her. I told her dad and he said, "What? She's too young." I told him apparently they're starting young nowadays. But like I said, my older girl was 13. We feel that we have another one to worry about when it comes to boys and pregnancy. Her dad said, "She's too little to have a baby." I told him girls are getting pregnant at that age if they see their monthly. So, he said, "Well, keep the boys away."

(ID, 6837)

It is normal for African American females to start menstruating as early as 8 years old (Herman-Giddens et al, 1997). Therefore, it is not unusual for African American girls to experience menarche at 9 and 10 years old. Nevertheless, some parents find it difficult to accept that a 78 pound 10-year-old young girl is capable of menstruating. This mother reported how she found it to be frightening and that the child's father questioned its reality. Whatever some parents may feel, think, or believe, menarcheal onset symbolizes sexual sensuality and pregnancy possibilities to many of the participants in this study.

The father in the above narrative communicated to the mother that boys must be kept at a distance from the newly menstruating young girl. Both girls and boys are sexual beings and must be supervised to prevent sexual intercourse and other sexual activities (Barone, 1995; Miller, Christopherson, & King, 1993; Orr, Breiter, & Ingersol, 1991; Prendergast, 1993).

Some early-maturing girls may show sexual interest in boys prior to their menarche. This 27-year-old single

mother described her concern about her 10-year-old daughter's known interest in boys:

It bothered me, bothered me a lot. I'm still thinking about what could happen. Once it hit me and knowing how she likes boys, I became very nervous. Her dad made a big fuss about a boy she was liking. I don't want her being with a boy. She could get pregnant and it is so many different diseases and things out there that they don't know how to treat or prevent. Sex is too dangerous nowadays. She is so fast and sneaky, she's slick. But when she started her period, I became worried about her having greater interest in boys.

(ID, 6289)

This mother's narrative points out that some young girls may show an increased sexual interest in boys with the onset of menarche. At menarche, according to the mother, she and the early maturer's father became concerned and expressed dissatisfaction with their daughters' sexual interest in boys. Sexual diseases are rampant (Masters, Johnson, & Kolodney, 1992; Zabin & Hayward, 1993). She identified sexual activities as being unsafe and that her daughter sneaks behind their backs to be with a boyfriend. Also she identified menarche as an indication that her early-maturer will have increasing sexual interest in boys.

A parent participant was accepting of her daughter's menarcheal onset; she had no known sexual interest in boys. A few parents believed, for the most part, they could trust that their early-maturers would not show interest in sexual activities. Some early-maturer participants with boyfriends professed to their parents that they did not have a boyfriend.

This 38-year-old middle-class mother described how concerned she became about her 10-year-old's menarcheal status when she learned about her interest in boys during this interview session:

I wasn't worried, concerned, or anything until I just learned she got a boyfriend. See, I'm this way with my girls, I trust them. I see people being so strict that they won't let the children go anywhere. Her sister goes to movies, games, and other places without one of us tagging along. Now she needs one of us, cause she can't drive. But like I said, I trust my girls. But it upsets me when they lie. Just the other night her father was talking to them about boys, sex, and babies. They started laughing and said, "Mom what is dad talking about? We don't have boyfriends." Uh mmm. So right now, I'm a little upset and disappointed. She lied to me and her dad about the boyfriend issue. She talks so much and so fast, she tells on herself without realizing it. I will look into this boyfriend business and love letters.

(ID, 0201)

Children are insightful about parents' rules and restrictions. This mother's narrative indicates that young girls who are aware that boyfriends are forbidden, interact with parents as if they have no interest in boys when in reality they do. In other words, some young girls will lie to their parents about a boyfriend if they are not allowed to acknowledge that they have one or cannot date (Jaccard, Dittus, & Gordon, 1998).

Talkative-tell-all girls, as described by this mother, will unknowingly reveal that they do have a boyfriend when in a comfortable conversational setting. Since this mother

was made aware by her early-maturer that she does have a boyfriend, she became concerned about how the menstrual cycle will affect her child's sexual life.

Early-maturers are more likely to engage in sexual activities and become pregnant at an earlier age than late-maturing girls (Jaccard, Dittus, & Gordon, 1998). Little boys and girls, as intimate friends, will indulge in sexual activities if given the opportunity (Costa, Jessor, Donovan, & Fortenberry, 1995). A 55-year-old mother who adopted her four granddaughters had this to say about the menarche onset in her 10-year-old:

I'm afraid that one day it could affect my retirement. It didn't bother me when I first learned she'd started, but the more I thought about it, I said, "Dang, what if she gets all wrapped up in that boy and have sex." I started thinking like that, you know. But right now, I'm not too concerned about her having sex. She had what I guess she called a boyfriend and he used to come over here a lot. Every time I looked up, he was here. I know what little boys and girls will do if they have the chance. But these are my granddaughters and I got four of them. So, I'm concerned about what if one of them get pregnant while still in school with no job and no husband. That's how I reacted to her starting. I told [my husband], I said, "Hey old man, we could be caught up in here raising great grandbabies." We sure can. So, this is what I'm worried about.

(ID, 1844)

This narrative shows that grandparents raising an early-maturer as their own child are concerned about how the young girl's menarche might impact their impending retirement.

This participant acknowledged that boyfriends and

girlfriends do have sexual intercourse. If her early-maturer becomes pregnant as a young student, she would be forced to delay her retirement in order to have income to support an increased family size.

Private Business

Early-maturer participants described the onset of menarche as a secret and private matter. They indicated that it is a young girl's private business. A 10-year-old who joyfully announced her menarcheal onset to her mother and father stated:

No, no, you just don't tell. We live in a small compacted area, you know. The Black community is so small. You know how everybody knows everybody's business. There are somethings you just don't tell. Who must know that anyway? You tell this person and this person tells that person and before you know it, everybody knows all your business. And then the boys think you are ripe. I was told that when a girl sees her period that it means she is ready for sex. The boys at my school say that. I've heard other people say that too. Yes, people say that. I don't think people need to know. Just keep it quiet.

(ID, 5569)

This early-maturer reported that a small compacted community is a rumor mill and a young girl's personal life about menarcheal onset can travel quickly. She stressed that the general community does not need to know certain things about an individual's personal life. She pointed out that menarcheal onset symbolizes to young boys that a girl is sexually ripe and ready for intercourse. Most young girl participants do not wish to be gawked at by boys as sexual

objects available for their gratification. According to this early maturer, it is best to keep an early-maturer's menstrual onset as a quiet and secret affair within her family.

A 9-year-old participant who took two days to inform her mother of her menarcheal status described how she felt about her mother broadcasting the onset of her menarche to people in the local community's beauty salon:

My mama told the people at the beauty salon, but she hasn't told anybody else. I don't think it is anybody's business. It's a secret and it's my private business. Everybody don't have to know that I've started. It's my business.

(ID, 7784)

She stressed that there is no need for everybody to be informed that a young girl has started to menstruate. Although menarche was revealed to her mother, she expected her mother to keep it a secret. Once her mother informed everybody in the town's beauty salon about her menstrual onset, it was no longer a secret. Mothers are privileged family members; early-maturers will most likely self-disclose their menstrual status to mothers, but not the general community (Van Manen & Levering, 1996). Confidentiality for this early-maturer was a *sine qua non*. Consistently, it is not unusual for some girls to go for years without revealing to their mothers, or anyone else, that they have started their menstrual flow. For some young girls who felt mothers would not keep their personal

business in a private and secret way, they hesitated to divulge their menarcheal arrival. After all, according to the early-maturer participant's narrative, it is the young girl's personal business, which is private.

Schoolage children have circles of friends. Early-maturing participants who shared secrets with their friends, fail to realize that their friends had other friends who told someone else about their secrets. A 10-year-old participant described what happened when she shared her secret about her menarcheal onset with friends:

Personally, I think it's wrong to tell. I told all my friends at school, cause I was happy to start. Everybody else had started but me. I was the last one to start. [Investigator asked: "All the girls at school in your class?"] Oh, just in my group. My friends and me. So, I told everybody. I mean all my girlfriends. I was so mad! The next day I learned they told some other people I don't like, and they were talking about me having my period. I was just soooooooo mad! [Frowned in anger.] One girl said, "You're on your period?" I [snappingly] said, "Who business is it?" I was mad!

(ID, 2750)

This 10-year-old early-maturer summed up why she doesn't tell her business:

It is nobody's business. I hear girls telling their business and then they get mad when I hear that their business is all over the streets. I don't tell my business.

(ID, 6289).

These early-maturers reported that young girls become angry or upset when they learn a friend has revealed a secret and

many people come to know the secret. Information revealed to several people cannot be considered a secret (Berardo, 1998; Van Manen & Levering, 1996). Secrets are limited between two people and off limit to a mass of people, or more than three or four individuals (Smith, 1997). These girls made it known that revealing a secret to several friends is no guarantee the "secret" will be contained.

Menarcheal onset in early-maturing girls of 9/10 years has various meanings and emotional responses for parents and the young girls. This 45-year-old mother with a 9-year-old early-maturer stated:

We didn't broadcast it or do any special ceremony. This is private. It is a private time for girls. Now, her sister called all her aunties and told them...She was sort of upset with [her sister]. She didn't like that being broadcasted to her aunties nor her grandmother. She said, "Why did she do that?" I said, "You know how flip your sister's mouth is." She didn't really want anybody to know. It was her private business. She had to listen to everybody tell her about the things her dad and I told her; all those things from so many different people.

(ID, 1057)

This mother reported that menarcheal onset is a private time for young girls. There is no need for broadcasting the occasion to grandparents, aunts, friends, and other relatives. Some young girls, according to this mother, prefer not to receive menstrual information from so many different people at its onset. Once several relatives and close friends learned about the early-maturer's menstrual

status, she risked hearing different versions of advice from several people about the same subject, a private personal topic. For this reason, her older sister should not had divulged to anyone that she had started her menstrual cycle. Based on this mother's narrative, then, menarcheal onset in early-maturing girls should be treated by all family members as a secret and as private business.

For most young girls and their parents, menarcheal onset was not only a private and secret matter, but was also an emotionally sensitive life-event. This 42-year-old mother commented:

We don't believe in that. Menstruation, you just don't broadcast, you know. That is something else, a 10-year-old child being able to get pregnant. I don't know what is happening in this world today. Sometimes I think about it, that she is capable of getting pregnant at her young age and it is scary, scary. Nooooo, we haven't told anybody about this, and I don't think she wants anybody to know it anyway. [Child crying as she moved head from side to side for a no answer to indicate agreement with the mother that she does not want anybody to know of her menstrual status.]
(ID, 4520).

Family beliefs about menarche were important when it came to whether or not they would let others know of the early-maturer's menarcheal status. The age of developing females at menarche is important (Bullough, 1996; Grief & Ulman, 1982; Herman-Giddens et al., 1997). Menarche is not only a biological event, it has social and psychological effects on how the child feels about herself (Blumer, 1969; Chadwick,

1992; Doswell & Vandestienne, 1996), how others close to her perceive her to be (Hewitt, 1994), and how she feels about the thoughts of others regarding her menstrual status (Hyde, 1996; Lee & Sasser-Coen, 1996). It is scary, according to the mother in the above narrative, to think that a child as young as 10 years old can reproduce her own child. Menarche in an early-maturer is private business and is not to be broadcasted.

Regulating Sexual Behavior

Mother participants were concerned about the sexual activities of early maturing girls. Common sexual behaviors for 9/10-year-old boys and girls include genital self-stimulation, kissing, dating, light petting, observing and touching each others genitals, and dry humping (Bagley, 1997; Goldman & Goldman, 1988). The peak period for "playing doctor" is around 9 and 10 years of age (Lamb & Coakley, 1993). The schoolage period of development, 8 to 12 years old, is marked by increased peer contact (Cooper, & DeHart, & Sronfe, 1996) and experimental sexual interactions (Bagley, 1997). Some children experiment with oral sex, but "only 2% to 3% engage in intercourse" (Gil & Johnson, 1993, p. 42). The strategies used by parents to regulate young girls' sexual behaviors are described in this section as gender sexuality scripting, gender segregation, parental supervision, and good company.

Gender Sexuality Scripting

Participants discussed knowing that the onset of menarche accentuated the meaning of "being" for the female sex and gender. Scripting, a form of socialization about behavioral norms and rules (Kornblum, 1997), was done by parent participants. Female-gender sexuality scripting (Simons & Gagnon, 1986) allowed early-maturers to receive guidance and instructions as menstruating females. Through gender sexuality scripting, parent participants were able to socialize their early-maturers about how to conduct themselves when interacting with young boys. A major aim of sexuality scripting for the parent participants was to teach the early-maturer how to avoid arousal of erotic urges and desires that could lead to inappropriate and regrettable sexual decisions.

A 9-year-old participant and her professional mother described sexual scripting. The early-maturer stated:

Mom sat down with me and talked about the period. She said nobody can touch me down there except me, because if someone touched me, a boy touched me down there, I might have a baby... Daddy knows. I told him after I talked with mom. [Investigator asked: "What did he say?"] He didn't say anything. He may have said something to mom, cause I heard him tell mom that I couldn't run around nude and I can't take baths with [my brother].

(ID, 9533)

Sexual education for this early-maturing girl was mostly done by her mother. Her mother informed her about what

happens when there is erotic touching of a sensual body area, such as the pubic region by young boys. Further, menstruation was an embarrassing topic for this early-maturer's father by evident of his silence when she informed him of her menstrual status. Previous statements made by other mothers and early-maturers in the study showed fathers understood the symbolic sexual and reproductive meanings of menarcheal onset in their early-maturing daughters. This narrative shows that this father was more comfortable talking to the mother about what he perceived to be acceptable feminine behaviors for their sexually maturing young daughter. His silence indicated discomfort with talking about the female's menstrual process with his daughter. Nevertheless, from the outset this young girl was socialized that all signs of menstruation must be kept hidden from view, especially in relation to the male.

The mother of the 9-year-old participant in the most previous narrative stated:

Things that I was taught, and I'll do those type of things as we go about our day to day activity. I don't think we have special sessions set aside just to teach this, but in our day to day activity, I'm incorporating more of the ladylike type of things that she does. Her daddy's now caught in the same thing as I noticed just yesterday. I've been getting on [her] about. Around here, we'll (the children) just walk around in the nude, if they're going between baths, and we'll let them take all their stuff off in the laundry room and just run across the house to get in the bathtub. But about a month or a year ago, about a year, I've been leading up to this time of telling her you have to be very particular of your body, very particular. What we see, other folks

don't supposed to see. Again, get the towel or put clothes on... Since we've gone through a cycle, we had to limit her activities of bathing with [her younger-age brother] and running around with no clothes on.

(ID, 9533)

This mother discussed how everyday routine social interaction allows a parent to script an early-maturer about ladylike behaviors. She pointed out that female-gender sexual scripting is not necessarily planned and that it may occur without a parent's or child's conscious awareness; the messages are often time transmitted in subtle ways (St. Jean & Feagin, 1998).

This 40-year-old professional mother continued with her conversation on gender sexuality scripting relative to nudity:

She is very comfortable with me, relaxed with me as compared to [her dad]. She gets relaxed with him too, but she takes him more serious. I usually have to say something twice or tell her to do something twice, and sometime more than twice, whereas her dad only has to say it once and off she goes running. Like the other day, she presented herself before him in the nude and [he] told her, "Didn't your mother tell you not to run around without any clothes on." I don't know how many times I said that, and he comes along and does it once and she stops... He was brought up in an open or less restricting home environment than I was. We didn't run around the house nude in my home. [His mother] was the only female in the house, and I think the only one who wore clothes. [He] has four brothers and they all ran around the house practically nude. My sisters-in-law complain about it all the time. I just gave up. I used to run behind [these children] with clothes in my hand yelling, "Ya'll need to put clothes on." [Her dad] would say, "Leave 'em alone. Let 'em be free. Clothes are restricting." Those

type of things. So, I said, "What the heck." Today he walks around here with nothing on but briefs. At one point in this family, everybody was nude, including me. I told him I wasn't brought up like that and that [the children] were getting older and I didn't want them to see me or him without any clothes. So he eventually started wearing briefs. Now that I think about it, [the females in this house] wear clothes and [the males] are without. It's kind of like his home environment with his mother, father, and brothers. I hadn't connected [her] bathing with [her younger-age brother] and not wearing clothes around the house to the period, but he did. I just grew accustomed to [the children] being nude and [her dad] wearing nothing but briefs.

(ID, 9533)

These parents allowed their early-maturer to bath with her opposite-sex sibling and to practice home-nudity prior to menarche. Once menarche appeared, however, they sexually scripted her that such behaviors were now forbidden. The sexual parts of her body that were allowed to be freely exposed within the home setting had to be covered for privacy. Further, the way in which nudity at menarche is treated in this home will mostly likely influence the early-maturer's developing attitude toward sexuality.

Most parents, especially fathers, are uncomfortable with nudity in early-maturing daughters. Early-maturers who menstruate have pubic hair, developed breasts, and sensual body curving of the waist and hips (Guyton & Hill, 1996; Tanner, 1981). By prohibiting home-nudity at menarche, this father demonstrated his discomfort with his menstruating daughter being nude in his presence.

As the dominant family figure, this father realized he was faced with the reality of breaking his silence about home-nudity since his menarcheal daughter was not adhering to rules laid down by her mother. The mother in this situation realized that the early-maturer obeys her father sooner than she does her. Thus, she required the help and support of the early-maturer's father to enforce gender sexual rules.

Cross-Sex Segregation

Schoolage girls and boys form friendly relationships that often times develop into sexual sensual activities (Prendergast, 1993). Parent participants acknowledged that boys and girls are sexual beings and will take part in sexual activities, given the opportunity. At menarcheal onset, parent participants were particularly concerned about existing boyfriend/girlfriend relationships. With knowledge on hand about sexual urges to the menstrual cycle, parent participants resolved cross-sex relationships at the time of young girls' menarche.

The following 10-year-old early-maturer had this to say to a series of questions about her boyfriend:

My boyfriend is 10, ah, 11 years old. Daddy got rid of him, he ran him off... I see him at school, but not at home anymore... Daddy said he is bad news and that he can't come around me anymore.
(ID, 5483)

This early-maturer responded, "Unh Unh" for a no answer before the mother could complete her statement regarding her

beliefs about the daughter's sexual activities or lack of them. However, her 26-year-old single-parent mother stated:

You hear what she say. You would say yes she done it (sexual intercourse) if you read the love letters. We think she has. Um hm. I think so... We have talked to her about boyfriends and stuff, but I tell her to keep her mind on her education, and like I was telling her, there is going to be plenty of time for boys and boyfriends, because we been, she has been sneaking and writing love letters and stuff like that. She was sneaking around with the boyfriend at her age. Ten years old is mighty young to be having sex and giving birth to a baby. But when they start [to menstruate] you have to take that into consideration that it is a possibility. Now, [her father] used to be tight buddies with [this boy's dad]. They were out there in the streets like wild fools, going from one woman to the other and now all of a sudden they both act like they never did anything wrong. I say he knows the stock this boy comes from and he doesn't want him fooling around with [our daughter].

(ID, 5483)

The focus of this narrative is that young girls' relationships with boys must be considered in context with the onset of their menarche and the possibility of pregnancy. This mother identified love letters as evidence that her early-maturer was engaging in sexual intercourse with a male-friend. Some young boys, like their fathers, have inflated sexual drives. Fathers who were known womanizers are most likely aware of how young menstruating girls can easily be taken advantage of sexually by some males. Cross-sex segregation, then, was used by these parents to end what they believed to be a sexually active boyfriend/girlfriend relationship.

Another 10-year-old early-maturer who is 5 feet 4 inches tall and weighs 107 pounds described a love letter she received from a boyfriend who wanted to have sexual intercourse. She also revealed in her rapid style of speaking what happened to an older age friend who had sexual intercourse. She commented:

He (7-year-old brother) found a letter. And I, you know, crossed through all the love and everything, all those little words. He does not have any words like sex. He knows that I don't play that. He knows that. Other boyfriends, like, "When are we going to lay down on the bed together?" Had to cut that off. I don't like that. We cut that conversation right there, you know. All my friends come, well I do have some friends who are like coming to school, bragged about it, went home and did it again, called me about it, told me about it. [Investigator asked, "You mean that they...?"] Uh huh, (whispering) sexual intercourse. And you know I tell them, "You better stop." Well one friend, she had it three times already. She'd better stop. She moved over to Louisiana. No, I think it was Alabama. She was 14. She moved to Louisiana with the boy, yeah. The boy was like 19, cause he's going to college out there. Well it was Louisiana or Alabama. She moved up there. She had a little baby boy. So, you know, don't play that. I told her she'd better stop.

(ID, 0201)

This narrative shows that young girls who interact with boys, especially older ones, interested in engaging in sexual intercourse will most likely succumb to their continued pleas. The narrative also show that boys tend to use love-letter writing as an avenue to inform girls of their sexual desires. Prior to this interview session, her mother was not aware that she was "dating" and receiving

love letters from boys interested in sexual intercourse. In this situation, the early-maturer decided that cross-sex segregation from a sexually persuasive young boy is necessary to prevent pregnancy.

Later in the interview, the same rapid-speaking 10-year-old was encouraged through questioning to continue with her conversation about love letters and boyfriends. She had this to say about her own older-age boyfriend:

The one I had a crush on, we are going out. [Going out means talking on the phone, writing love letters to each other, and seeing each other at various sport activities and community functions.] But he does not interfere in this [her period]. He's in the 9th grade. That don't bother me or anything. [She's not bothered about him being in the 9th grade while she is in the 5th grade.] But the letters, I don't like the letters. He tells me how his school is over there you know. Talking to him on the telephone. I'm gonna still see him. I've only seen him, how many times? Three times, cause he's in football. But he did write a nice letter to me, telling me how everything is, so he can [Instant brief moment of silence as mother looked at daughter and frowned in puzzlement.] Like, yeah, right. That's who he is and everything. But then if my dad finds him, he's gonna hunt him down like a dog!

(ID, 0201)

Sometimes parents are the last to know that their early-maturer is first of all "dating" and secondly that the young boy is years beyond their daughter's age. Many early-maturers look older than their chronological age (Herman-Giddens et al., 1997) and are attractive to older-age boys. Parents do not approve of early-maturers "dating" or being sexually wooed by older aged boys (Jaccard, Dittus, &

Gordon, 1998). This early-maturer in the above narrative concealed a boyfriend relationship from her parents. In most situations, parents will end the boyfriend/girlfriend relationship once it is discovered (Jaccard, Dittus, & Gordon, 1998; Lamb & Coakley, 1993).

Some early-maturer participants professed unfamiliarity with the act of sexual intercourse. However, their parents resolved known boyfriend/girlfriend relationships even when an early-maturer professed ignorance about sexual intercourse. The following conversation with a 10-year-old early-maturer and her mother demonstrated the child's knowledge deficit about the meaning of sexual intercourse.

CHILD: They (parents) told me I couldn't have a boyfriend. We weren't doing nothing but playing.

INVESTIGATOR: Did you have sex?

CHILD: No, we didn't have sex.

INVESTIGATOR: You like him?

CHILD: Yes'm, I like him, but they won't let him come play with me anymore. They say we might do something, so they ran him away.

INVESTIGATOR: Do you know what sex is?

MOTHER: She should know. It's enough on television, but she may not. We hadn't really told her, but they can put things [together] from what other people. (Abruptly ended sentence and turned to ask daughter.) What do you think sex is?

CHILD: Kissing a boy. Hugging.

INVESTIGATOR: Anything else?

MOTHER: What about him touching your private part where you were bleeding.

CHILD: (Frowns in puzzlement). That ain't his business. He's not supposed to be doing that.

MOTHER: What did you think we were afraid of you and that boy doing?

CHILD: Kissing.

MOTHER: Where did you learn about the kissing?

CHILD: (Silence. No answer.)

MOTHER: We'll talk about sex later. I know she doesn't know what it is. Sometimes I think [she] is more of a baby than [her youngest sister], cause she plays so much and she loves play. She can play all day if we let her.

(ID, 1844)

This mother indicated that few young girls of 9/10 years old in present day society are without an opportunity to know the meaning of sex and intercourse. There are many ways a young girl can learn about sex, which includes friends, television, and family members. However, this early-maturer is narrowly focused on play activities and seemed slow about processing information relative to sexual intercourse. Mother participants know that girls and boys who keep on kissing will soon learn the act of sexual intercourse. Menarcheal onset prompted this parent to initiate cross-sex segregation in order to keep kissing from progressing into sexual intercourse.

Parental Supervision

Young girls' sexual interest and behavior can be regulated under the supervision of their parents. A combination of several measures can be used by parents to

supervise an early-maturer's sexual behavior. A 33-year-old mother described how parental supervision keeps her 10-year-old early-maturer from having excess time to think about or participate in a boyfriend/girlfriend relationship:

They are so involved in so many things. I don't think they give boys much thought along that line [sexual interest]. They don't have much time to think about boys around this house. They are busy and they keep us running from one end of the county to the other. One night I was at the School Board with her sister and [her dad] was at the Methodist church with her. They're always doing something, always... [Mother continues] She's too busy for that. All the activities and programs with school, church, Girl Scouts, and the community keep her busy. They (her daughters) both are gifted and talented and someone is always calling for one of them to speak, sing, or do something. We (she and her husband) have to make an appointment to be alone with each other, because the girls keep us so busy with their activities.

(ID, 5569)

This narrative points out that young girls who are involved in school and community related activities under the supervision of their parents will most likely not have the time for an intimate relationship with the opposite-sex. This mother suggested parents' presence at various functions with an early-maturing girl allow supervision of activities and interests that will most likely deter formation of boyfriend/girlfriend sexual relationships.

A 33-year-old mother explained why her 9-year-old daughter is not allowed to go outside the house without parent supervision. The mother stated:

She is a good girl, but she can't go out anymore (outside of the house to play without parent supervision). We have to watch her closely when she is not in school. [Investigator asked, "Why do you feel you have to watch her so closely?"] There was a boy who came to our house and asked us if he could court our daughter. I don't think he realized that she was much younger than what he thought. She looks like a teenager, but she's only 9 years old. She's tall and breasted, you know. So, we told him NO! No, he could not court our child. We told him she was a baby, just 9 years old. He was surprised to learn that she was so young. But I found out from my younger daughter that she had been meeting him at the fence over there on the other side of the house to talk. You see, I didn't know that. Anyway, we put a stop to it and we told him that if he bothered our daughter again, we would call the cops. Yes, yes, she is interested in boys. We know this.

(ID, 7784)

This mother recognized that her early-maturing daughter has physical features similar to an older age girl of teen years. An older age boy tried to establish an intimate relationship with this early-maturer without realizing her younger age of 9 years. The mother learned that her daughter encouraged the development of an intimate relationship with the older age male by failing to reveal her true age. As knowledge of the courting process reached this early-maturer's parents, only then did the older age boy come to know the actual age of this early-maturer who physically appeared to be of teen years.

For the most part, parent participants know that some girls will sexually tease and flirt with boys. Some early-maturers may enjoy the sexual attention and pleasures

obtained from young boys. A 27-year-old single mother described the sexual practices of her 10-year-old early-matured daughter that required increased parental supervision:

She is so fast (flirts with boys). I have to keep a close eye on her. She had a boyfriend. She is not supposed to see him, but you know how these girls are nowadays. If she goes to the [neighborhood] store, I tell her to come right back home. I try to keep a close eye on her, but she is so fast... Her dad got rid of her boyfriend cause he was eating her [Investigator asked, "Oral sex?"]. Yeah, that's right, sure was. You see how she had you believing she didn't have sex. She sure was. But we found out about it. Yeah, sure was. [Her dad] threatened her. [She] is sneaky, she lies, and she likes boys (Daughter lowered her head as mother continued to speak). She is attractive and I like to keep her pretty with pretty things, but she be after those boys too. She just started that running away from them, cause she's afraid of [her dad]. She doesn't need a boyfriend. She is a 10-year-old child in elementary school. She doesn't need a boyfriend.

(ID, 6289)

This mother participant spoke about placing a limit on the time it takes for her sexually active early-maturer to complete errands away from home. Keeping-a-close-eye on this early-maturer allowed the mother to halt known sexual activities. As a 10-year-old elementary schoolage child, according to the mother, she does not need a boyfriend. Supervision of this sexually active early-maturer required her mother to be astute to the crafty behaviors she uses to get close to her male sex partner.

Parent participants felt that the menarcheal girl should stay in proximity to the mother. That is, if the mother is at home, then the early-maturer should also be home. This 35-year-old mother described the increased supervision placed on her 10-year-old daughter with the onset of menstruation:

We've always been strict but I think her dad has gotten more stricter than me. I trust her to a certain extent, but her father, he's more stricter cause he always say, "[She] needs to be home. She doesn't need to be anywhere without you, because she can get pregnant. Boys can persuade you." That's what he says, so, he prefers her to be, if she's somewhere, I should be with her.

(ID, 2750)

This mother described the father's knowledge about how boys can influence girls into sexual situations that may lead to pregnancy. According to this mother, the father felt that when young girls start menstruating, they should be closely supervised by their mothers. This father expected their early-maturing daughter to be wherever the mother was, preferably at home. The increased maternal supervision placed greater restriction on their child's activities outside the home environment. The goal is to limit contact with young boys who may entice their daughter into sexually compromising situations.

Persistence is a common tactic used by some young boys who enjoy the company of a particular early-maturer. This 29-year-old mother described how she supervised and

monitored phone calls from a persistent young boy desiring courtship with her 10-year-old daughter:

I just seen one [boy] be interested in her a lot. He calls every night. Every night, 3 and 4 times a night. I have to make her get [off the phone]. I don't want to be hateful and mean to him. But I tell her to get off the phone, because she has to do her homework and chores. I tell him that she has to wash dishes. I say, "Well, she's washing dishes." The next 10 minutes he'll call back. I hate to be ugly. I try to tell him that she's doing work and next 15 minutes he'll call her right back. [Investigator asked, "How old is he?"] He's the same age, 10 years. Both are in the elementary school over there. He's a persistent little fellow.

(ID, 6837)

In response to a chain of questions about the young boy who is persistent in calling her, the early-maturer stated:

Yes'm, I like him... We talk at school and on the phone... We just play, at school. I play with other boys, but I like him... Mama told me what sex is and she says we can't do that, cause we are children... Yes'm I do like him... He's nice and funny (smiles). I like him a lot... Yes'm I think of him as my boyfriend [Mother sighed in hopelessness.]

(ID, 6837)

These two narratives show that young boys and girls who have established a boyfriend/girlfriend relationship may require parental supervision for regulating their sexual behaviors. The mother participant realized that boyfriends and girlfriends can spend hours on the phone talking if parents allow them. Thus, this mother supervised the frequency and the time-period of phone conversations. She expressed

concerns that frequent and lengthy phone conversations with a boyfriend could keep her early-maturer from completing her chores, homework, and other important tasks. Also, the social time girls devote to phone conversations encourages a greater sense of sensual warmth and closeness with boyfriends. This type of sensual interaction can be curtailed with parental supervision of phone calls.

Good Company

Parent participants were concerned about their early-maturer's company of friends. Some sexually active friends were not shy about revealing their sexual interests to some of the early-maturer participants in this study. Parent participants were concerned that friends would try to encourage their newly menstruating daughters to be more like them by engaging in sexual activities. A conversation with a middle-class 10-year-old and her 35-year-old mother described this parental concern:

CHILD: My mom, she thinks that they (friends) are going to grab me in and have sexual intercourse with a guy.

INVESTIGATOR: Are your friends having sexual intercourse?

CHILD: Um hmm. Most of them have sexual intercourse. Everybody knows it.

MOTHER: You know for sure?

CHILD: I know for sure. Yes, I know for sure.

INVESTIGATOR: Are you into sex?

CHILD: I'm not into sex, but they are.

MOTHER: How do you know?

CHILD: They talk about it and the boys that they have it with.

INVESTIGATOR: Where do they have it?

CHILD: They do it at school in the bathroom and on the bus. Sometimes they do it at home when their parents are not paying too much attention to them. That's what they tell me.

MOTHER: Friends are very powerful when it comes to that (sex). They want to be like their friends and be accepted. They don't want to lose their friends. A mother has an intuition to whose, you know, what type of person a girl is. It's hard to tell, you know, what type of girls, you know. You know your child and then you look at their friends. I told her, it seems like a difference in social class and home environment. But they are her friends. Now she is not easily persuaded. Like I said, [her dad] is concerned about the company of friends she has, and I am too. [She] knows how we feel about her friends. Ah, she seems to be sure that they are having sex with boys even at their young age. I have to tell [her dad] what she just said, cause he's strict and everything. He doesn't like secrets, no secrets. But I am concerned about peer pressure.

(ID, 2750)

This narrative shows that children take part in sexual activities at school, in automobiles, and at home. It appears, according to the early-maturer in this narrative, that friends tell other friends who their sexual partners are and where they are having sex. The mother participant expressed concern about friends sharing similar interests and activities. The mother emphasized that seldom will friends continue interaction with a person unlike themselves. Regardless of peer-pressure, however, this mother participant felt that her daughter is strong-minded

and not easily persuaded. The mother discussed knowing that children from different home environments and socioeconomic classes tend to show a difference in sexual behaviors and other childhood interests. She and her husband focus on keeping each other informed about what goes on in the lives of their children to avoid surprises and secrets.

Some parent participants felt that they could trust their early menarcheal age daughter would follow taught rules and standards about acceptable conduct. Some participants believed that it is impossible for parents to be with an early-maturer every day of the week, 24 hours in a day. This 38-year-old middle-class mother who learned about her daughter's interest in the opposite sex during the study commented:

First of all there are several things I was in the dark about. I don't know about friends having sex and a baby. And I just learned about a boyfriend who is in high school. My thing is if you're talking about it with friends, you'll start thinking about doing it. People can influence you. Also, we are not strict parents. We believe you have to trust them. you can't keep them barricaded in the house. You got to have trust. You have to trust your children, because you don't be with them 24-7. All you can do is talk to them. Hiding them away is not going to stop them... She knows that we do not want her having sex and no boyfriends. I've learned some things tonight from her talking here that she hadn't told me.

(ID, 0201)

This young girl knew the rules laid down by her parents about sex, babies, and boys. However, she manipulated the

rules made by her strict parents who professed to be lenient and tolerant. But the mother indicated that she has non-strict rules and expressed disappointment with her early-maturer once she learned about an older age boyfriend and about an older age girlfriend who had given birth.

Managing Menstrual Flow

The menstrual flow involves vaginal blood flow and physical discomfort. Some newly menstruating young girls of 9/10 years old are unfamiliar with measures used to manage the menstrual flow and effective measures needed to relieve physical discomfort. This section presents the significance of the mothers' attitudes and support for young girls at menarche. It also highlights measures used by participants for comfort, hygiene, and future cycle-preparation.

Mother's Significance

What the young girl participants learned about sexuality and menstruation within their families came from their mothers. Mother participants were charged with the primary responsibility of finding ways to help their daughters cope with and adapt to "womanly" changes. The significance of the mother was highlighted by a 10-year-old early-maturer:

Daddy is quiet, just really quiet, doesn't say much. He's a man, so he can't talk about a girl having a period. That's why mama had to talk to me. You see a man can't have a period, so girls need mothers.

(ID, 5569)

This narrative accentuates the fact that physiologically both the mothers and the young girls are of the female sex and both are capable of menstruating. Fathers, on the hand, are of the male sex and are not physiologically equipped to menstruate. As a result, this early-maturer felt that fathers cannot realistically identify with young girls' life-lived menarcheal experience. She expressed that young menarcheal girls need the help of their mothers for an understanding of the menstrual process and for guidance with appropriate hygienic and comfort measures.

A mother contrasted the mother's and father's significance in the following manner:

Now, we both talked to her, me and her dad. He talked more about boys, sex, and pregnancy. I talked about that too, but I had to tell her how to take care of herself. The pads, baths, changing, and those things. But we both talked to her. I do think a young girl needs her mother, or a mother-figure, someone who can identify with what she is really experiencing or going through. I think the mother is important in that way.
(ID, 2750)

Being unfamiliar with the menstrual flow and its management, according to this mother, fathers fall short of having life-lived experiences that could be used to guide young girls at menarche. Recall that some participants recognized that fathers are familiar with the erotic wishes and desires of young boys for girls who are menarcheal matured. In this way, according to participants, fathers can be useful by talking to early-maturers about how to conduct themselves in

situations with young boys who perceive them as sexual objects for pleasure fulfillment.

Mother participants are accustomed to supplies and products required to manage the monthly menstrual flow. Participants communicated that first-time menstruating females can benefit from their mothers' knowledge and years of direct experience with the various products, supplies, and comfort measures. Young girl participants turned to their mothers, not fathers, at menarche for instructions in menstrual care and comfort.

When some of the young girl participants were happy and excited about their menarcheal arrival, they announced the event to both parents at the same time. One father recognized his limitations about the menstrual process and management and readily placed the joyful occasion in the mothers' hands. This mother stated:

She came to our bedroom door yelling, "Mama, daddy, my period started." Her father said, "You can handle that one." [Laughter from mother.]
(ID, 5569)

Some early-maturers are not as fortunate as girls who have a mother living with them at menarcheal onset. A 9-year-old participant commented on how fortunate she was to have her mother near her once her menstrual flow started:

I told my best friend. She doesn't have a mom (died of brain tumor). She lives with her dad. I think you need a mom to talk about the period. I'm glad I have my mom and that she lives with me, cause my mom helped me through this. I feel more

comfortable with mom. I feel comfortable with dad too, but more comfortable with mom about the period.

(ID, 9533)

This participant talked about a young developing girl who lives with her father without the presence of a female (or mother) in the home environment. She indicated that girls need their mothers at menarche even if they feel comfortable with their fathers. She showed sympathy for girls who will not have a mother at menarcheal onset to help them through the process.

Participants voiced that menstruation is an embarrassing conversation for most men. They expressed that fathers feel that mothers are to help an early-maturer in difficult menstrual situations. This 10-year-old early-maturer described her father's response when he noticed her clothing was soiled with menstrual blood:

Mama told me everything. [Mother asked, "Are you crying? Hold your head up and look at her."] Daddy didn't say anything. One day he said, "Go to your mama and tell her to fix you up." It came through my pants. He doesn't like to talk about it. I heard him say that to mama. We can't talk about it around him.

(ID, 1844)

Some fathers prefer that conversations about menstruation be limited within the female gender. They simply do not wish to hear about it, and this position is made known to an early-maturer's mother as done by the participant in this

narrative. This early-maturer's father directed her to seek her mother's help for control of the menstrual fluid.

The mother of the above 10-year-old early-maturer commented on her experience at menarche. She stated:

Like I said, her dad didn't want to hear about it. He told me to handle it. I remember when I started, my aunt told my uncle, "Well, we got a little lady in the house." I guess he just knew what it was. That was it. He didn't really talk to me about it. It was all my aunt. She was the one who did all the trying to tell me what was what. Like I said, she told me that kind of information. I didn't know what she was talking about. I had forgotten. I was still playing at that age. I didn't think about that type of stuff any more. But [her dad] is no help. Like I said, I plan to remind her of it and teach her how to be responsible for it, cause [she] doesn't have nothing on her mind but playing. She is still in that play stage like I was when I started. That's all she wants to do, play.

(ID, 1844)

Another mother honed in on fathers who offered little or no help for young girls becoming little ladies with menarcheal onset. This mother also addressed the issue of early-maturers at the play-stage when many are seldom thinking about menstruation. Girl participants with play on their minds, according to this mother, must be reminded about menstruation and how to take care of themselves.

Some mother participants believed it is significant to be present with their daughters at the time of menarcheal onset. It was disturbing to mother participants if they missed out on the opportunity to share the discovery of the

initial menstrual flow with their daughters. This single mother with one daughter stated:

I was up the road. I wasn't here with her. I was a little upset about not being here. It happened on a holiday, the 4th of July. I felt like I should had been here with her, cause I feel like I'm the mama. I should had been here, and that's the most, I'll never experience that again. Which I haven't because I wasn't here. Seem like I should had been here and given her [the] first pad. And, she come to me and say, "Mama I see my cycle." You know what I'm saying?

(ID, 1000)

The daughter of the above mother commented on her fear over not having her mother present during menarcheal arrival:

At first I didn't know what it was. My grandma and my mama's friends told me what it was. They told me what to do, but I wanted my mama cause I was scared.

(ID, 1000)

Another mother separated from her daughter, but was expecting the soon arrival of menarche stated:

She spent the summer with her grandparents in Texas. We talked on the phone about it every day. She called every day. She was scared it was going to come on and she would not be with me [Child's crying became louder.]

(ID, 9533)

The early-maturer participants indicated that children feel safe in the presence of their mothers when faced with an unfamiliar event. Their grandparents and mothers' friends

do not replace the comfort and sense of security offered by their mothers during a stressful and anxiety producing life situation, such as the onset of menarche.

Mother participants readily detected their child's fear and were able to offer words of comfort and reassurance at the right moments. This 10-year-old illuminated how her mother helped to alleviate her worries about menarche. She stated:

The stuff in school really helped. My fourth grade teacher and my mom told me a lot of things... When it started, I went to my mama and I said, "Mom, my period started." She said, "Alright." It was in the morning and she was still in bed. She talked to me about it when she got up - told me what to do. She said, "Don't be worried, it'll be alright and make sure you wrap those pads and put them in the trash." She told me a lot.

(ID, 0201)

This young girl immediately informed her mother once the menstrual flow started. She recognized that her mother knew what to do and gave her information and specific directions about menstrual management. With a working-stock-of-knowledge securely received from her mother, her fears and concerns were alleviated.

Comforting Measures

Participants described the physical discomforts associated with their menstrual flow. The young girl participants complained about the odor associated with the blood, abdominal and leg cramps, headache and backache, and nausea. Mother participants directed young girls in

measures to relieve the discomforts that accompanied their menstrual flow. The mother of a 10-year-old early-maturer stated:

I had to talk to her; tell her how to keep herself and had to comfort her, cause she doesn't take pills. I had to kind of tell her how to use the pad. The first day, the second day she was on, she used like 5 pads at one time. And, what? [Interrupted by daughter. "It was two."]. No it wasn't, cause I was working that day. It was on a Sunday, cause I remember it, your second day. When it happened, I went and bought her some pads. [Her older sister] wanted to show her, so she showed her how to use it and told her [talking ceased briefly]. I told her, "Well, when you be like this, you have to take baths more often than you do when you're not, cause if you don't, you're going to smell." I told her to make sure to take baths, because if she doesn't, its going to smell and people will say stuff about it. I had no problems with her this first time. She took her baths when she got up and did what she ought to.
(ID, 6837)

This mother identified the menstrual flow as odorous and making young girls feel unclean and uncomfortable. She recognized that mothers, or older sisters, can direct young girls on how to use and change sanitary pads to help in cleanliness and the avoidance of unclean body odor. The young girl participant in this narrative was instructed on the importance of morning baths. Further, she feared taking medicine of any kind, tablets or liquids. Her mother had to comfort her since she refused to take medicine for relief of pain associated with her menstruation.

A 10-year-old early-maturer discussed how she achieved physical comfort during her menarcheal flow:

I did have stomach cramps, but grandma gave me Tylenol. I took a bath. I took lots of baths. The smell was bad. I used pads to keep my clothes clean, just had to change a lot. Grandma showed me how to use the pads.

(ID, 1000)

Some participants took Tylenol, purchased over-the-counter (OTC) as a non-prescription medicine, for its effectiveness in relieving abdominal cramps. The young participants were conscious of the need to change pads and to bath for odor control.

This 10-year-old commented on her use of several OTC medicines for pain relief:

I can't stand any kind of pain, cause I don't want to hurt. Only thing that bothered me was my stomach. I can't stand pain, and I take these medications. [Investigator asked: "What are the names of the medications?"] Ah, Tylenol, Vanguish, Aspirin. Anything mom gives me, I just take them. I took two baths a day and I washed every time I changed the pads. Bathe, bathe, bathe.

(ID, 2750)

She named three OTC pharmaceutical agents available for purchase without visiting the doctor for prescription medicines. Her mother was in charge of administering the medicine.

Some early-maturer participants required privacy for relief of discomfort. The following early-maturer commented on how privacy, OTC, and warmth helped to make her comfortable during the menstrual flow. She stated:

I was soooo sick, I stayed home, didn't go to school or anywhere. I thought I would throw up. My back hurted, my stomach hurted, I had a headache, my legs hurted. Mama put a heating pad on my back and I stayed in the bed... She gave me Tylenol for the pain and my headache... I was sick for two or three days.

(ID, 5483)

This participant used privacy to decrease the number of stimuli she had to deal with during menarche. She elected to stay at home on school days for assurance of solitude for privacy. A heating pad provided her with a vasodilatory effect for relaxation and relief of abdominal and back pain. She complained about physical discomfort for up to two or three days.

Hygienic Measures

Cleanliness of the genital area was essential for participants during the menstrual flow. Participants articulated that the primary goals of various hygienic measures were to prevent body odor and menstrual blood drainage onto the young girl's underwear and outer clothing. Cleanliness at menstruation provided participants with a form of secrecy and privacy by keeping others from learning about their menstrual flow being in process.

A response by this 55-year-old middle-class mother addressed the use of menstrual supplies and what to do in situations when commonly used menstrual products are unavailable. The mother stated:

When I found out, I made sure she had plenty of pads, clean underwear, and everything, so if, you know, something happened, she would be able to put on clean underwear and stuff like that... [Mother turned to speak to daughter in a teaching manner.] Put a little toilet paper in your underwear, and it will keep your panties from being stained. If you're ever off somewhere, you can always put a little tissue or something in your panties. That'll kind of cover you till you can get your sanitary needs. Try not to let it get on your clothes, cause like I say, its embarrassing. People know it happens. People laugh. Children might laugh. So that would really be embarrassing. So that's why I say if you see it coming and you're in school and you can't get to the teacher, put a little tissue in your panties until you get to your teacher and tell your teacher or whatever... I encouraged her to wear dark clothes for about 2 or 3 days. That's what I did. She wore slacks and shorts.

(ID, 1844)

This mother participant identified menstrual supplies needed for hygienic measures as sanitary pads, plenty of clean underwears, and dark clothing. She taught her early-maturer how to improvise sanitary pads with tissue when without commonly used menstrual pads. The early-maturer was reminded to focus on making sure the public did not learn that her menstrual flow was in process. The mother pointed out that some children will laugh and make fun of a menarcheal girl if blood is seen on her clothing at or near her genital area. This mother's message was that young girls need to follow hygienic measures that will prevent embarrassing situations at menstruation since blood is red and is easily visible on white and pastel colored clothing. Therefore, this mother participant instructed her early-

maturer to wear dark colored clothings during the menstrual flow.

In the following statement, a 10-year-old participant discussed why she did not wear white clothing or use tampons at menarche:

I didn't wear white clothes or light colors cause it might have leaked through and showed up. And I used the pads cause I'm scared of the tampons; they might not come out.

(ID, 2750)

The early-maturer participants recognized that sanitary pads are placed in the seat of panties for lining purposes. As the menstrual blood flows from a young girl's vaginal canal, it will drain onto the sanitary pad. This participant was aware that unlike sanitary pads for panty lining, tampons must inserted into a female's vaginal canal. She feared using the tampon because once inserted into the vaginal canal it may not come out. For her, then, sanitary pads are easily visible and removable. Wearing sanitary pads and clothing of dark colors were effective menstrual hygienic measures for some of the participants in preventing embarrassing situations and in keeping their menstrual flow a secret and private matter.

Participants discussed knowing that sanitary pads must be changed. Saturated pads cause foul body odor and overspilling onto underwear and outer clothing. The act of

pad-changing, however, was bothersome for some of the early-maturer participants. A 40-year-old mother stated:

We had to figure out a schedule to change the pad to keep the odor down. She realized she had to bathe a lot more and be conscious of her body odor at that time. I think that's more inconvenient than just bathing once a day. Then the sanitary part of keeping her underwear clean from the over spills and stuff like that is inconvenient.
(ID, 9533)

This mother participant pointed to the inexperience of early-maturers with the care of their bodies associated with changing menstrual pads and bathing. Some mother participants designed a time schedule for pad changing and frequency of baths at menstruation. Some of the early-maturers had play on their minds instead of the activities related to managing their menstrual flow; they required a schedule as a reminder to change pads.

On school days, early-maturer participants left their homes where menstrual hygienic items were maintained. As such, they were taught by their mothers how to have menstrual supplies in their possession when at school away from home. This 9-year-old explained how she managed her hygienic menstrual products in the following comment:

I don't like dresses. I wear pants. But mom made me a cycle package. [Investigator asked, "A cycle package? What did it have in it?"] It had pads, panties, pants, and powder. [Investigator asked, "What did you carry these items in?"] My backpack, I put it in my backpack.

(ID, 9533)

This early-maturer found her backpack was useful for carrying menstrual hygienic products. Items stored in her backpack at menstruation during schooldays included sanitary pads, panties, pants, and powder. Her menstrual cycle package helped her to have easy access to products needed for practicing hygienic measures while away from home.

Another early-maturer commented on her realization that she had to carry menstrual supplies to school. This 10-year-old stated:

It came through my clothes three times at school, so I made sure I had extra pads and an extra pair of shorts or pants just in case.

(ID, 1776)

Just in case the menstrual flow seeped through or spilled over the sides of the sanitary pads onto her clothing, she had extra supplies on hand so that she could change soiled clothing if needed. If a menstrual accident should happen, then, advanced preparation helps to prevent embarrassing menstrual moments and helps to preserve "private time" at menstruation.

Some children will take advantage of an opportunity to ridicule and humiliate a schoolmate. The following statement made by a 38-year-old middle-class mother shows support of previous statements made by other respondents. She commented:

She had to take extra precautions. She takes gym clothes, or things. With school, she had to be sure that she didn't bleed through, ah, stain her

clothes, cause kids can be very vicious, cruel at times. It might be embarrassing for her.

(ID, 0201)

This mother recognized that stained clothing from menstrual blood will give some school children a chance to be cruel and vicious against an early-maturer. Appropriate hygienic measures by early-maturer participants relative to having extra supplies on hand were believed to help ward off such laughable opportunities for insensitive schoolmates.

As previously noted, early-maturer participants and their mothers believe that the type of clothing worn at menstruation is important in preventing embarrassing moments. Pants instead of dresses were worn by some of the early-maturer participants during their menstrual flow. Statements from the following 10-year-old early-maturer and her 29-year-old mother described why it was beneficial to wear pants instead of dresses. The 10-year-old early maturer stated:

I wear jeans. I don't wear dresses. When it was on I wore my jeans and shorts. They're tighter and they held the pad in place.

(ID, 6837)

The 29-year-old mother used an incident from earlier experience with menstruation to comment on public embarrassment when her pad was not securely lined in her panties. The mother stated:

It would be embarrassing if they fell out, but it happened to me when I was in school. I was out to P.E. (Physical Education) running in a dress. All of a sudden they said, "You dropped something." I

looked back and it was a pad. I said, "Oh gosh!"
[Lively laughter from daughter.]

(ID, 6837)

Some participants thought that most pants and shorts are designed to give females greater security in helping to hold sanitary pads in place than dresses or skirts. Pants provide an extra seat to complement the seat in young girls' underwear during the menstrual flow. With the extra protection that pants give to hold a pad in place, participants indicated that an early-maturer could participate in school activities requiring speed and exuberant movement without fear of sanitary pads falling from their panties and being laughed at. Consistently, early-maturers could live privately about their menarcheal flow.

Preparation for Subsequent Flows

Menarche is the initial menstrual flow (Golub, 1992). Subsequent flows usually follow menarche on a monthly basis (Guyton & Hill, 1996). Early-maturer participants were told that their first menstrual flow was a sign that many more flows will follow. Mother participants prepared young girls by informing them when to expect their next menstrual flow and reminded them to have menstrual supplies on hand. A 55-year-old mother prepared her 10-year-old early-maturer for subsequent menstrual flows in the following statement:

Well, like I told [her], we'll work through it.
It's just something that's going to happen. All I

can say is that it's something that we ladies have every month. Some people come every 28 days, some come every 21 days. It's just depending on the cycle, I'm not sure. And I mean, you know, it's gonna come, and you can't make it stop. But when it comes, you just have to be prepared for it. Sometime I might tote my things in my bag for a week, cause I'm just not sure... I always get prepared like the week before, I start carrying my things cause I don't ever know when it's going to catch me. You have to be prepared.

(ID, 1844)

This mother participant labeled menstruation as a monthly cycle. At its onset, according to this mother, a young girl should be prepared with available menstrual supplies, which may require carrying a sanitary pad for about a week before the flow begins.

Menarche was not a positive experience for many of the participants in this study. As a result, most girls did not care to know when their next menstrual flow was expected. Some mother participants went to the length of using a calendar to explain to their early-maturers when to expect their next flow. In spite of specific and concrete explanations, some early-maturer participants were not able to readily recall when their next menstrual flow should start. This 9-year-old early-maturer stated:

I don't know when it's supposed to come on again [Looking at mother for an answer. Mother whispered the word "calendar".] A calendar? Oh yes. There's a calendar in my bathroom about when it's supposed to come. [Shaking head up and down while speaking.] We marked a calendar. [Relaxed in the chair and started swinging legs back and forth in a rhythmic and comfortable manner.]

(ID, 9533)

In response to using the calendar as a reference for the next menstrual flow, this 9-year-old's mother picked up on the conversation and commented:

I went over the calendar with her. How to keep up with it when it comes on again. I don't think she quiet understands it at this point. But I will check her bathroom for pads like I did during the week.

(ID, 1057)

This mother recognized that her early-maturer showed little interest in repeating an experience with a similar event evaluated to have been unpleasant. The mother participant discussed the fact that preparation for her next menstrual flow must be dealt with. This early-maturer, however, turned such preparation tasks over to her mother.

Summary

Nine and ten year old African American females who experience menarche are also encountering a major life event. Their families, especially mothers and fathers, are aware of and responsive to this life change. Findings indicate that mothers, especially, are sensitive to and concerned about the initial experiences that their daughters have. Their responses range from concerns about their daughters in several areas, including boy-girl relationships, pregnancy, cleanliness, body odor, and changing roles and responsibilities of the young girl. They characterize these concerns as "private business."

Fathers, on the other hand, feel uncomfortable discussing content related to menarche, cleanliness, body odor and other "female"things. They tended to think that these issues were specific for the wives. They did, however, voice concerns about the young girl's relationships with males. The father's reactions ranged from fear to planned expectations. The fathers who expressed fear had reflections about their own earlier sexual life experiences. Many of them remembered active sexual expressions with young girls, and felt that because of their previous behaviors, their daughters would be confronted with sexual prowess from young men and perhaps older men too. They were not sure how to deal with these fears. A pattern did emerge; the men delegated the young girls' safety to their mothers. The fathers' concerns clearly included pregnancy prevention through abstinence of sexual expressions. They, along with the mothers thought that the young girls' menarche was "private business."

Young girls who experienced the menarche were usually not, as a rule, ready for the physical changes in their bodies. They perceived themselves as being psychologically, socially, and physically different than they were the days before the menarche. Few, however, announced their menarche to their parents or other caregivers with some sense of mastery and expectations. In general, the girls thought that everyone would know that they had reached menarche.

Feelings of shame, confusion, and self-transparency were dominant themes in their expressed thought. They were also concerned about "how to manage the menstrual flow" especially when away from home. The young girls made plans for self-care during the menarche while at school; they carried extra supplies such as sanitary pads, underwear, pants, and shorts to school. They expected and received emotional, psychological, and physical support from their mothers and fathers. Feelings about others knowing that they had reached menarche included keeping this developmental epoch a secret from others. They, too, thought that the menarche was their "private business."

The mothers, fathers, and the young females were very much aware that menarche symbolized, among other things, the capacity for a girl to give birth to a child. If others (boys and men) did not know of the young girls' capacity to reproduce a child, then perhaps the young girls would not be confronted with so many sexual challenges during their daily life routines. One way to decrease the potential for challenges was to conceptualize this event as "private business" and address all of the ramifications related to menarche through "private time" within the confines of their families and within their households.

CHAPTER 5

SUMMARY, DISCUSSION, RECOMMENDATIONS

This research project featured "focused conversations" with early-maturing African American girls and their mothers. The purpose of the study was to (1) capture the social psychological responses of African American girls ages 9/10 years to their first menstrual flow, menarche, (2) articulate the social psychological responses of African American parents to their young daughter's menstruation, (3) construct a core social psychological theme to substantively describe lived experiences of African American families to young girls' menarche, and (4) recommend suggestions for culturally sensitive interventions that could be developed for and tested among African American girls, ages 9/10, who are at menarche. Prior to this research undertaking, there had not been a qualitative case study that used early maturing postmenarcheal African American girls in "focused conversations" with their mothers about their menarche. Researchers who examined females' responses to menarche with sample members belonging exclusively to the African American racial-ethnic group (Scott, Danette, Panizo, & Roger, 1989) or with an underrepresentation of African Americans (Lee & Sasser-Coen, 1996) failed to obtain reports from their participants near or at menarche.

The four major research questions addressed in this study were:

1. How do African American girls ages 9 and 10 years old think and feel about starting their first menstrual flow?
2. How do African American parents react to the menarcheal onset and reproductive capability in their daughters who are 9 and 10 years old?
3. How do 9/10-year-old African American girls manage the care of their first menstrual flow?
4. What changes manifest in African American family members' relationships with each other around the onset of menarche in girls ages 9 and 10 years?

Answers to the four major research questions and accomplishment of the research's fourfold purpose were achieved through "focused conversations" with 15 mother-daughter dyads (30 participants). Fathers' responses to menarche were obtained from the young girls and their mothers. All interviews were audiotape recorded and were done in the participants' home within 2 to 5 days after the completion of the young girl's menarcheal flow. Interview data were analyzed through a cross-comparison method as described by Yin (1994) for constructing theoretical formulations from qualitative multiple case studies. A comparison of similar or like responses allowed the conceptualization of three major domains, which included

symbolic bleeding, regulating sexual behavior, and managing menstrual flow. Living through private time emerged as the core social psychological theme used to describe life for early maturing African American girls and their parents at her menarcheal onset. This core theme, the conceptual domains, and subthemes of the domains were used in chapter four to describe featured narratives from participants' "focused conversations."

Organization of the Remainder of the Chapter

The remainder of this chapter is organized under the headings of (1) living through private time, (2) self-concept, and (3) recommendations. A discussion of the significant findings interpreted in chapter four are presented in the first two sections of this portion of the chapter. These findings are discussed in light of existing literature and research studies. However, some responses exhibited by early-maturing African American girls and their parents in this study were not supported by prior research studies done with non-African American samples. Recommendations conclude the chapter and are presented as implications for the African American family literature, nursing, and further research.

Living Through Private Time

As the core social psychological theme, living through private time is theoretically formulated by three main conceptual domains and several subthemes to the domains.

Living through private time is guided by beliefs, values, and principles about menarche as a private and secret developmental life-event for the early-maturer and her family. The properties of the domains identified within the subthemes portrait specific social and psychological behaviors of participants for use as descriptions and explanations about human responses to menarcheal onset in early-maturing girls. Living through private time, then, is a phenomenological theme about the life-lived experiences of early-maturing 9/10-year-old African American females and their parents to menarche.

For developing young girls, living through private time is age and racial-ethnic specific, but not socioeconomic status. It addresses only girls of 9/10 years old who are members of the African American racial-ethnic group. However, behaviors of early-maturing girls at menarche across various types of home environments are characteristic of this core theme, which is unlike females' behaviors reported by other researchers who only examined females from middle-class homes (Caspi & Moffitt, 1991; Grief & Ulman, 1982; Koff & Rierdan, 1995; McGrory, 1990; Scott, Danette, Panizo, & Roger, 1989; Stone & Barker, 1939).

Gordon Allport (DeCarvalho, 1991) once encouraged investigators to go directly to the people and ask them how they feel and think about their life-lived experiences to specific events. Unlike themes about menstruation from

qualitative studies put forth by Lee (1994) and Lee and Sasser-Coen (1998), living through private time represents the voices of young girls and that of their parents at the time of the girl's menarcheal onset, not many months and years beyond the occasion. In this way, living through private time provides descriptions and explanations of the phenomenological essence of "being" and the conceptualized "self" of the 9/10-year-old African American girl and that of her parents to the young girl's first menstrual flow.

Symbolic Bleeding

Menarche is a symbol recognizable by vaginal bleeding. Blumer (1969) asserts that humans behave toward things, objects, and events based on their understanding and based on associated meanings. Further, the meanings of things are learned through social interaction with one's fellow human. The conceptual domain, symbolic bleeding, addresses the behaviors of young girls and their parents to her menarche. Thus, young girls, mothers, and fathers exhibited behaviors specific to their understanding of menarche and their social interaction with each others. The subthemes to symbolic bleeding that evolved from participants responses include philosophical belief, emotional responses, at another time, sexual sensuality, and private business.

Girls. Young girls responded to their menstrual fluid with a sense of shame and embarrassment. Most of them cried (8 of 15) and spoke of their fear about "bleeding" from a

private body are; as such, menarche was symbolic of bleeding. McGrory (1990) reported shame and embarrassment were common responses from young girls about menstruation. Amann-Gainotti (1986) validated that some girls were afraid, because they did not know what was happening to them and they believed they were going to die. Most girl participants (13 of 15) in the study believed menarche was an event for older females since it interfered with their play activities and should come at another time when their interests and lifestyle changed from being a playful child to being a more serious-minded mature young lady. On the other hands, a few girls (2 of 15) perceived menarche to be a sickness symbolized by vaginal bleeding; it should come at an younger age so the young girl could be pampered by her mother.

Girls complained about the sanitary pads being bulky, uncomfortable, and aggravating. Some of the girls believed it was a laughable notion to think that they could become pregnant at an early age; no prior research study was located to support this behavior. Even when girls were excited about their menarcheal onset, they believed it should not be broadcasted since it was a young girl's "private business." Although several researchers reported similar responses from sample members about menstruation (Brooks-Gunn & Ruble, 1980; Hill, Holmbeck, Marlow, Green, & Lynch, 1985; Chadwick, 1992; Lee & Sasser-Coen, 1998), many

of these responses articulated by early-maturer participants in this study were not located in previous studies.

Mothers. Mothers voiced being worried, apprehensive, nervous, and fearful about the childbearing capabilities of their early-maturing daughters. They also expressed feelings of guilt and hurt if they were not present with their daughters at the appearance of menarche. Mothers who were not expecting their young daughters to menstruate by 9/10 years old, were stunned to learn their daughters were menstruating. Fathers placed added pressure on mothers to prevent their daughters from participating in sexual activities. As a result, most mothers felt stressed with the advent of their daughters' menarche. Prayer and trust were used by several mothers as a basic way of coping with the "private business" of having an early maturer menstruating at age 9/10 years old. With the exception of religion, Holmbeck and Hill (1991) validated these findings in their study of middle-class White family members' responses to the young girls' menstrual flow.

Fathers. Some fathers believed the onset of their daughters' menstrual flow was triggered by sexual activities with young boys. From the fathers' perspectives, menarcheal onset in early-maturers symbolized sexual readiness. Mothers were often time blamed by fathers for its early onset in their daughters. However, some fathers felt guilty about using other young girls and women as sexual objects

during their earlier years as developing males. They feared their menarcheal daughters would lose their virginity and be sexually abused by young boys; this would occur as an act of revenge and retaliation for their use of young girls as sexual objects. Fathers preferred that their daughters' menarche be treated as "private business" to protect them from young males in search of menstruating young girls to use for sexual gratification. Although Guyton and Hill (1996) described the biophysiological effects of sexual foreplay acting as neural messengers to the brain for stimulation of sexual urges and desires, research evidence was not located to support those fathers' belief about how early entry into sexual activities initiating menarche in young girls.

Regulating Sexual Behavior

Most (61%) of the early-maturers in this study lived in nuclear families and were not known by their parents to be sexually active. However, two (13%) of the early-maturer participants were known to be sexually active. Several researchers noted that early-maturing girls are more likely to engage in sexual activities at an earlier age than their counterpart (DuRant & Seymour, 1990; Leite, Everardo, Buonocompagno, & Leite, 1994; Masters, Johnson, & Kolodney, 1992; Prendergast, 1993). One young girl participated in sexual intercourse while the other participated in oral sex. Both sexually active girls lived in underresourced homes with single-parents. Vinovskis (1988) reported similar

results about the sexual practices of young girls living in low socioeconomic conditions.

Four strategies were used by parents to regulate the sexual behavioral activities of their early-maturing daughters. These strategies are the subthemes to this domain and they include gender sexuality scripting, cross-sex segregation, parental supervision, and good company. Through gender sexuality scripting mothers socialized their daughters about "ladylike" behaviors. Some of the early-maturers reported that their fathers "got rid of" or "ran off" their boyfriends for cross-sex segregation.

Girls were discouraged by parents from socializing with friends who were known to be "bad girls" involved in sexual activities and teenage mothers. Although fathers helped to regulate early-maturers' sexual behaviors, mothers were primarily responsible for using these strategies to prevent early-maturers from engaging in sexual activities and to prevent pregnancy. These strategies are similar to the ones described in the literature (Bagley, 1997; Casper, 1990; Costa, Jessor, Donovan, & Fortenberry, 1995; Dean, Ducey, Malsk, 1997).

Managing Menstrual Flow

This domain has four subthemes, which include mother's significance, comfort measures, hygienic measures, and preparation for subsequent flows. The early-maturers depended on their mothers to guide them in managing their

menstrual fluid and the physical discomforts accompanied the menstrual cycle. Many of the girls were without a clue about how to care for themselves at menarche. As compared to the fathers, mothers were seen as being more significant because of their life-lived experiences with menstruation and their identification with the early-maturers as members of the female gender sex. Swenson, Foster, and Asay (1995) reported similar findings in their research concerning the educational preparation of young girls about menstruation.

Several measures were used by young girls with the help of their mothers for menstrual management. Girls were encouraged to bathe and were taught to change sanitary pads by a schedule. Most girls were particularly concerned about their self-concept and expressed concerns about body odor and the noticability of the bulky sanitary pad. Some girls took baths more than usual in a day and most girls changed their dress attire to make sure the pad was secure and not visible to others. The blood flow was considered smelly, time-consuming for cleanliness, and a nuisance. Dashiff (1992) noted similar findings in her research study. Other researchers also validated these findings (Brooks-Gunn & Ruble, 1980; Clark & Ruble, 1978; Hill, Holmbeck, Marlow, Green, & Lynch, 1985; McGrory, 1990; Scott, Danette, Panizo, & Roger, 1989).

Self-Concept

Self-concept emerged from participants' responses and is deeply interwoven in phenomenologic humanism; symbolic interactionism; human growth and development; and the psychological transition from childhood to "womanhood". From a discussion of the core theme and its conceptual domains, the onset of menstruation among young African American 9/10-year-old girls should not automatically be perceived as always being pleasant and ego enhancing (Doswell & Vandestienne, 1996; Grief & Ulman, 1982). As described in the conceptual domains of symbolic bleeding and regulating sexual behaviors, tremendous biophysiological changes take place in young girls' bodies that lead to menstruation and alteration in their social and interpersonal relationships with friends, peers, and family members. Researchers (Blos, 1962; Caspi & Moffitt, 1991; Fox, Page, Armstrong, & Kirby, 1994; Rierdan, Koff, & Stubbs, 1987) have validated that these changes impact early-maturing girls' self-concepts, which include their self-esteem and self-image (Harter, 1990).

Eleven early-maturers in this study experienced menarche at 10 years old; the other four were 9 years old. This age of menarcheal onset is consistent with a national report done by the American Academy of Pediatrics on African American young girls (Herman-Giddens et al., 1997) and with findings reported by other researchers (Doswell & Millor,

1993; Doswell & Vandestienne, 1996; Phinney, Jensen, Olsen, & Cundick, 1990). According to the responses from the participants in this project, the early occurrence of menarche posed some difficulty for them relative to their emotions of shame and embarrassment. They were concerned about their body-image from the standpoint of foul odor and the appearance of wearing bulky sanitary pads.

Based on the themes extracted from the research data, self-concept is discussed under self-image and self-esteem and as important components of "private time." The Chapter will conclude with specific recommendations for the practice of nursing and for further research.

Self-Image

Self-image is a critical factor that is directly related to the data generated in this research. African American females have not traditionally been included in research regarding reproductive (Leigh, 1995) and psychological health issues (Graham, 1992; Reid & Kelly, 1994). When sociological and psychological components of reproductive health are considered among African American females, its specificity and sensitivity are sometimes less than desired. Perhaps a difference in cultural values among the dominant White group and African American group is one explanation for the exclusion in research studies (Feagin & Feagin, 1994, 1996; Staples & Johnson, 1993; Willie, 1985). Negative stereotypes about African American females,

especially as it relates to sexual maturity and expression could also be another component (Chilman, 1990; Gutman, 1976; Hyde, 1996; Rainwater, 1966; Staples, 1978;).

Blumer (1969) asserts that the self emerges from social experience and is not merely a passive reflection of social norms. Social experience deals with the exchange of symbols and is essential to the development of a young girl's self. As developing young ladies, early-maturing African American girls are faced with numerous racial-ethnic historical and sociological factors that will influence their self-image, how they perceive themselves as menstruating females in a society that has negatively represented them historically (Hacker, 1992; Hill-Collins, 1990; hooks, 1989; Reid & Kelly, 1994). Some of the mother participants used interview time to socialize their daughters about "ladylike" behaviors and the importance of not being sexually active.

A young girl's self-image begins with her body-image. Body-image is the mental representation of the self (Erikson, 1963; Harter, 1990). It is essential to the young girls' physical, psychological and social development as early-maturers. About 40 years ago, Blos (1962) suggested that a female's sexual drive is more directly linked to ego interests and interpersonal relationships than is the male's. Young females, without support and guidance, will tend to focus on how they look, and less on how they feel, or what they think, or what their capabilities for future

contributions to society can be (Barone, 1995; Dusek, 1991; Harter, 1990; Lee, 1994; Pipher, 1994). Pipher (1994) has also written that the young girls' thoughts are dominated with how they look. Girls in this study expressed concerns about how wearing the sanitary pad hindered their usual casual and comfortable attire. Some of the girls expressed a need to be accepted by same-age friends and peers. Most studies about the developmental issues in young girls focused on affective domain of the body-image. The focus was on the association between feelings of dissatisfaction regarding the physical self and attitudes toward body weight, mood, global self-esteem, and other image related behaviors (Doswell, Millor, Thompson, & Braxter, 1998; Leigh, 1995; Stein & Hedger, 1997).

Early adolescence, according to the interview responses, was not a smooth linear process for the girls in this study. Instead, it had many disruptive features, was not necessarily calm and was definitely not described as quiescent. This tumultuous transition from the playstage of childhood to the "ladylike" behavioral period of early adolescence is supported by the literature (Baumrind, 1993; Bronfenbrenner, 1997; Erikson, 1963; Scarr & McCartney, 1983). The early experience of menarche was a chaotic and an awkward event in the lives of some of the young menstruating African American participants. The onset of the menarche was a frightening and fearful experience for

some of the early-maturer participants and their parents. It signaled the capacity for the child to reproduce another human being. Along with this reproductive capacity was the growing concern among the young girls that they could not interact with others as they once did. Parental supervision and restrictions forced a change in their social contacts and activities with opposite-sex playmates. In some instances, a certain suspicion "set in" the minds of their mothers and fathers about sexual activities with opposite-sex friends and playmates. Physical discomfort, a need to bathe, bathe, and be clean, was stressed by their mothers. However, their growing need for knowledge, support and guidance during this stage of development was almost insatiable as validated by the literature (Doswell, Millor, Thompson, & Baxter, 1998; Blos, 1962; Moffitt, Caspi, Belsky, & Silva, 1992).

Self-Esteem

In the recent past, self-esteem was a concept that was associated with esoteric thought. That era has passed, and the concept can easily be utilized to explain and describe human behaviors and thoughts in many contexts. Self-esteem consists of what an individual feels that others think and feel about the individual. It also includes the self-perpetuating internal images that one has about the self (Malmquist, 1972). Young girls' thoughts and feelings about how others feel and think about them is internalized

within the self, and help to form their core self, which is the structure on which their self-esteem rests (Malmquist, 1972; Pipher, 1994). That is to say, self-esteem includes the beliefs, opinions, values, attitudes, dreams, aspirations, thoughts, and feelings about the self. It comprises a comprehensive evaluation mechanism by which the individual can determine self-worth or self importance within the context of family, community, and society (Doswell, Millor, Thompson, & Braxter, 1998; Malmquist, 1972). These comments, sensations, thoughts, feelings, and behaviors are stored internally where the young girl will have their use for a life time (Malmquist, 1972). Hence, the development of menarche should be perceived not only as a physiological milestone, but as the bedrock on which the young girl will gather and store memories of early sexuality (Lee, 1994; Malmquist, 1972). These memories will remain within her armamentarium of behaviors.

High self-esteem helps an individual to complete a self evaluation within the reality of a situation, while stressing his or her strengths and weaknesses. On the other hand, an individual with low self-esteem is more likely to evaluate the self as unworthy, unfit, and or incapable. Pipher (1994) posits that young girls, by the time they are in early adolescence, are experiencing some universal and phenomenal behavioral changes, among which are conformation, withdrawal, depression or anger. Some, but not all, girls

react by expressing all four of these behaviors. The observer will notice that the girls have lost their vibrancy, their energy, and their inquisitive personalities. At the end of the continuum is the loss of self-esteem, the consequent response to losses, or to frustrations related to attaining personal goals and objectives (Malmquist, 1972).

The onset of menarche could trigger the potential upset of personal self-esteem in young African American females. Should this upset occur, and remain within the self or core of the young girl, the potential for high risk behaviors and other self defeating acts could be a likely consequence. Among African American females, the onset of early menarche could signal the potential for the erosion of self-esteem. Many of these young girls may not have been raised in families and neighborhoods where much attention was given to self-esteem, self-image, and life-events.

Given the mothers' and fathers' expressed vulnerabilities to the sexual predators who live within the neighborhoods and have limited respect for a young girl's privacy and personal business, they, at the onset of the menarche, might be at risk for sexual advances from these males (Klein, 1996). Fathers who are active in their families, who have knowledge about the risks that their daughters could confront, and who can effectively communicate with their wives and daughters, provide a powerful buffer and protective shield for their young

menstruating daughters. Despite the roaming community of predators, research has indicated that African American girls have self-esteem equal to or higher than their white counterparts (Cross 1991; Tashakkori & Thompson, 1991; Tashakkori, 1993). This critical attribute, high self-esteem, in African American girls is worth preserving.

Given the dramatic physical changes that occur in the female gender, the developmental epochs must be briefly discussed. Females' maturity is difficult to shield. Breasts, bodily curves, are undeniably present. Too, the girls' personal concerns with physical attractiveness, make-up, cloths, perfumes, coupled with peers' interest in and "talk about boys" place them in a sensual mode. The desire to be physically attractive is associated with high self-esteem, and reflects the internalization of the acquired self. But early-maturers could be at risk because they are outside of their age appropriate maturation phase (Blos, 1961; Koff, Rierdan, & Jacobson, 1981; Malmquist, 1972; Slap, Khalid, Paikoff, Brooks-Gunn, & Warren 1994).

Most researchers and clinicians would agree that the young girl's self-esteem is fragile, and must be nurtured and protected. This fragility will exist throughout the adolescent sequence, including preadolescence, middle-adolescence, and late adolescence (Blos, 1962; Dusek, 1991). A study by Simmons, Blyth, Van Cleave, and Bush (1979) indicated that those young girls who tend to mature

earlier, are more likely to report lower self-esteem scores when compared to the girls who mature within the predefined timeline. It is not clear from these data whether the young girls had high or low self-esteem; that was not the focus of the study. What is clear, however, is that all of the girls reported feeling vulnerable in some manner, and wanted some type of parental protection and affection. Recall that one young girl wanted to be held in her mother's arms and rocked like a young baby. This behavior suggests regression, fright, vulnerability, and a threatened self-esteem. Fathers and mothers can make the critical differences in their daughters' lives by communicating, nurturing, caring, and protecting their children.

Recommendations

Recommendations are presented in this section under two headings, which include implications for the African American family literature, implications for nursing and implications for further research.

Implications for the African American Family Literature

This study makes a contribution to the literature about life for the contemporary African American family with early-maturing 9/10-year-old daughters. Traditionally, the African American family was portrayed as a social problem and a financial burden to the White-minded American society (Demos, 1990; Feagin & Feagin, 1994; St. Jean & Feagin, 1998). With the advent of racial integration in the

Southern regions of the United States during the 1960s, Moynihan (1967) put forth the "culture-of poverty" thesis to describe the African American family as problematic for White America. Many researchers, White and non-White, relied heavily on data from African Americans who were financially poor, uneducated, female-single-parents with several illegitimate children, and who lived in the worse of conditions. Further, fathers were often time reported as being uninvolved with childrearing practices (St. Jean & Feagin, 1998). The data were used to report a "culture-of-poverty" and matriarchal images of "family" life for people of the African American group (Demos, 1990).

Living through private time is a theme that embraces various types of home life for the 9/10-year-old African American girl at menarche. Sample members represent few girls (13%) who lived in the poorest conditions. Most girls (60%) reside in nuclear families and few (20%) have families at the poorest socioeconomic level. The average yearly income for the African American families in this study is \$39,800. All but one parent completed 12 years of education; some parents earned 4-year college degrees and one parent had 2 years of doctoral education. The narratives show that most biological fathers (80%) are involved with childrearing practices, which include those fathers not living in the same dwelling with the mother and the early-maturer. Most girls (87%) were not involved with

sexual activities according to the narratives. The data from this study, then, has implications for the literature about the lifestyle of African American families at menarche with their early-maturing daughters.

Implications for Nursing

Living through private time has implications for the practice of nursing. This core theme acknowledges the fact that 9/10-year-old African American girls are experiencing menarche, menstruating, and some are sexually active. Thus, nurses are in a position to educate young African American girls prior to menarche about their maturing bodies within the context of their capacity to process and understand this information.

Early-maturers should be taught information about their reproductive health, ways and means to express their sexual desires in a manner that is void of direct sexual intercourse. The nurse should recognize that discussions about sexuality, ideally, should occur within the family unit. The daughter, mother, and father, should be members of the discussion groups. Content regarding physiology of the female and male reproductive system, the sexual response cycle should be cognitively presented and for comprehension. This information should serve as a safety net for the girls, their mothers and their fathers. Knowledge about the physiology of female and male sexuality and reproduction is critical for these individuals to understand and will help

all involved to be more confident and secure in their interactions and expectations of each other. In the long term, this content could help with the prevention of sexually transmitted diseases, the Human Immunodeficiency Virus, AIDS, and other deadly diseases. Conceptually, it could also help in the reduction of teenage pregnancy (Casper, 1990; DuRant & Seymour, 1990).

Specific emphasis should be placed on the human sexual response cycle. This cycle has four clearly defined phases that include follicular, ovulatory, luteal, and menstrual. These phases are controlled and regulated by a hormonal-feedback system originating in the hypothalamus. Primary functions of the menstrual cycle are to prepare the female's body for conception and gestation and, the period of gestation itself. This framework, described in simple terms, can help an early maturing young girl become aware of, but not participate in, sexual activities. Armed with knowledge and information about the physiology of the female and male sexual response cycle, she should be better equipped to communicate and make decisions regarding her behaviors.

Implications for Further Research

The nurse researcher and clinician must come to understand how young girls come to be who they are. A better understanding of their lived experiences, the culture and society within which they live, and their dreams and

expectations, are essential components of their being that should be sensitively and knowledgeably researched. It is recommended that further studies be conducted to describe and predict the emotional impact of early menarche on young African American girls. Context-specific interventions from research data that focus on menarche and subsequent young female reproductive health issues for the purpose of assisting the young girl to more effectively cope with menstruation need to be developed. Research should be designed to determine the extent to which early menarche has a negative impact on the young girl's self-concept, body-image, self-esteem and perceived relationships with young boys and men. A research instrument should be developed that specifically focuses on African American girls to assess their knowledge, health beliefs, and capacities to cope with early menarche. Research projects should be developed to teach young boys about their changing physical bodies and associated sexual responsibilities, especially as it relates to other young females.

Intervention programs should be developed from research reports to strengthen the mothers' knowledge about the physiology of menarche and the reproductive system. These research programs should include information regarding additional roles and responsibilities as related to sexual expressions among young males and females, self-esteem and body-image concerns. Fathers could be taught to become more

comfortable with their maturing young daughters and additional methods of communicating, protecting, and caring for the daughters could be expanded. Further, the father should be encouraged to find additional methods of sharing the parenting responsibilities for the young girls with their mothers. The intent is to strengthen the fathers' interactions with the females in the household.

Roles and responsibilities related to enhancing the young girls' self-concept (self-image and self-esteem) are essential components for the father and should be researched and carefully documented. Lastly, programs that explain and describe the critical roles of fathers in the lives of young early menarche girls should be developed and carefully evaluated.

APPENDIX A

INFORMED CONSENT FORM
HIGHLANDS COUNTY SCHOOL BOARD
INSTITUTIONAL REVIEW BOARD

IRB# 127-97

Informed Consent to Participate in Research

**The University of Florida
Health Science Center
Gainesville, Florida 32610**

You and your daughter are invited to participate in a research study. This form is used to tell you about the study and to obtain your consent. I, Dorothy Hawthorne, am the principal investigator of this study. I will describe the study to you and answer any of your questions. If you have any complaints or questions about the informed consent process or the research study, please contact the Institutional Review Board (IRB), the committee that protects human subjects, at (352) 846-1494.

1. **Name of Subject**

2. **Title of Research Study**

Social Psychological Responses of African American Females at Menarche

3. a. **Principal Investigator(s) and Telephone Number(s)**

Dorothy J. Hawthorne
1-941-699-2658

b. **Sponsor of the Study (if any)**

4. **The Purpose of the Research** is to learn more about the feelings and behavior of 9- and 10-year-old black females at the time of their first period. Also, the purpose is to learn how mothers of the females react to their daughters' first period.

APPROVED

201

Revised 6/95

From 4/16/97 To 4/16/98

**Institutional Review Board
IRB-01**

CJD

5. Procedures for This Research

Procedures for this research involve an interview and the completion of a demographic form. You and your daughter will be interviewed together. The first interview will last 45 to 60 minutes. A second interview may be needed if a topic is not clear. Interviews will take place in your home and will be tape recorded so I am certain I understand everything you say to me. The initial interview will be done by the fifth day after your child's first period. I will call you on every other Monday or Tuesday to learn if she has started her period.

A demographic form must be completed. This form asks for information about your child's date of birth, weight, height, and the presence of bulging breasts and genital hair. This information will help to learn how soon your daughter will most likely start her period. You will be asked to give information on your (or the head-of-the-household) education, occupation, marital status, and household income.

6. Potential Health Risks or Discomforts

You or your daughter may be uncomfortable during the interview session. An uneasy emotional feeling or a sense of shame may be experienced as we talk about the private and sensitive topics about menstruating. Also, some young females cry as they talk about their first menstrual experience. If at any point during the conversation you or your daughter become uncomfortable, remember that you are free to tell me that you do not want to talk about a certain topic or issue.

If you wish to discuss these or any other discomforts you may experience, you may call me at (941) 699-2658.

7. Potential Health Benefits to You or to Others

Your participation in the interview may provide an opportunity for you and your daughter to increase your understanding of the way each of you think about being females and maturing. Hopefully, your participation in the study will open communication regarding changes occurring with your daughter.

8. Potential Financial Risks

None

9. Potential Financial Benefits to You or to Others

You and your daughter will each be given a \$10 J.C. Penney's gift certificate or one from a similar store. You will receive the gift certificates at the time of the interview once your daughter starts her first menstrual flow. The gift certificates are a show of my appreciation for your participation in this research project.

10. Compensation for Research Related Injury

In the unlikely event of you sustaining a physical or psychological injury which is proximately caused by this study:

_____ professional medical; or _____ professional dental; or X professional consultative

care received at the University of Florida Health Science Center will be provided without charge. However, hospital expenses will have to be paid by you or your insurance provider. You will not have to pay hospital expenses if you are being treated at the Veterans Administration Medical Center (VAMC) and sustain any physical injury during participation in VAMC-approved studies.

11. Conflict of Interest

As the principal investigator, Dorothy Hawthorne will not get any benefit from this research project beyond the professional value from academic publication or representation of the results.

12. Alternatives to Participating in this Research Study

You and your daughter are free not to participate in this study. If you choose to participate, you are free to withdraw your consent and discontinue participation in this research study at any time without this decision affecting your medical care. If you have any question regarding your rights as a subject, you may phone the Institutional Review Board (IRB) office at (352) 846-1494.

13. Withdrawal From this Research Study

If you wish to stop your participation in this research study for any reason, you should contact me,

Dorothy Hawthorne, at (941) 699-2658. You may also contact the Institutional Review Board (IRB) Office at (352) 846-1494.

14. Confidentiality

Your privacy is important and the University of Florida will protect the confidentiality of your records to the extent provided by Law. Therefore, your record will be identified by a four-digit number instead of your true or legal name. I will write down exactly what is said from the recorded tape, but no names will be recorded. The tape will be erased after the transcribing is done. Information from the tape will be used to describe how mothers and daughters behave at the time of the young girl's first period.

15. Assent Procedure:

As a child who is older than 7 years but younger than 18 years, your daughter cannot give legal consent to participate in this research project. Therefore, her assent is requested. Your daughter's assent shows that the principal investigator, Dorothy Hawthorne, explained this research project with words that are appropriate for her age and understanding in your presence as the parent or guardian. The investigator gave her a chance to ask questions and get answers. The investigator asked for her wishes, which she shows approval by signing in the appropriate place on the signature page or the investigator will document obtaining oral assent below.

_____ has explained
(Principal Investigator/Delegate)

the study to _____ on _____.
(Name of Subject) (Date)

The subject has given oral assent to participate.

(Signature of Principal Investigator/Delegate)

16. Signatures

Subject's Name

The Principal or Co-Principal Investigator or representative has explained the nature and purpose of the above-described procedure and the benefits and risks that are involved in this research protocol.

Signature of Principal or Co-Principal
Investigator or representative obtaining consent

Date

You have been informed of the above-described procedure with its possible benefits and risks and you have received a copy of this description. You have given permission for your participation in this study.

Signature of Subject or Representative

Date

If you are not the subject, please print your name _____
_____ and indicate one of the following:

- _____ The subject's parent
- _____ The subject's guardian
- _____ A surrogate
- _____ A durable power of attorney
- _____ A proxy
- _____ Other, please explain:

Signature of Witness

Date

If a representative signs and if appropriate, the subject of this research should indicate assent by signing below.

Subject's signature

Date



Richard R. Farmer
Superintendent

Margaret Cooper
Chairman

Wendy Rennie
Vice Chairman

Dr. Robert L. Fitzgerald

J. Ned Harwood

Doreen Howerston

Highlands County School Board

426 School Street • P.O. Box 9300 • Sebring, FL 33870-4098

(941) 471-5555 • FAX (941) 471-5800 • TDD (941) 382-3693

April 7, 1997

University of Florida
Health Center Institutional Review Board
P.O. Box 100173
Gainesville, FL 32610-0173

To Whom It May Concern:

Ms. Dorothy Hawthorne-Burdine requested a copy of information regarding names, phone numbers, and addresses of female students of the Highlands County Public Schools in grades 3rd, 4th, and 5th for the 1995-96 school year.

A copy of this information was given to Ms. Burdine during the summer of 1996 as a starting point to identify students who met the criteria for the project.

Sincerely,

Richard R. Farmer
Superintendent of Schools

RF:pk

"A fully accredited school system"
Southern Association of Colleges and Schools
Equal Opportunity Employer



UNIVERSITY OF
FLORIDA

IRB PROJECT # 127-97
EXPIRES 04/16/98

Health Center Institutional Review Board

Principal Investigator: HAWTHORNE, DOROTHY
Address: P.O. BOX 854

PO Box 100173
Gainesville, FL 32610-0173
(352) 846-1494
Fax (352) 846-1497

SOCIAL PSYCHOLOGICAL RESPONSES OF AFRICAN AMERICAN FEMALES AT MENARCHE

Congratulations on receiving IRB approval to conduct research at the University of Florida. Approval of this project was granted on 04/16/97. Enclosed is the dated, IRB-approved Informed Consent Form that must be used for enrolling subjects into this project. You have approval for 12 months only.

You are responsible for obtaining renewal of this approval prior to the expiration date. Reapproval of this project must be granted before the expiration date or the project will be automatically suspended. If suspended, new subject accrual must stop. Research interventions must also stop unless there is a concern for the safety or well-being of the subjects. Upon completion of the study, you are required to submit a summary of the project to the IRB office.

The IRB has approved exactly what was submitted and reviewed. Any change in the research, no matter how minor, may not be initiated without IRB review and approval except where necessary to eliminate hazards to human subjects. If a change is required due to a potential hazard, that change must be promptly reported to the IRB.

Any severe or unanticipated side effects or problems and all protocol deviations must be reported, in writing, within 5 working days.

Research records must be retained for three years after completion of the research; it is recommended that they be retained for eight years.

If VAMC patients will be included in this project, or if the project is to be conducted in part on VA premises or performed by a VA employee during VA-compensated time, final approval should be obtained by application to the VA Research Office.

You are responsible for notifying all parties about the approval of this project, including your co-PIs and Department Chair. If you have any questions, please feel free to contact Barbara Frentzen, at (352) 846-1494.

R. Peter Iafate, Pharm.D.
Chair, IRB-01

cc: IRB File; Division of Sponsored Research; Rhonda Cooper-DeHoff, Pharmacy; Edward Block, VA; Sandra Barnawell, CRC

Enclosed: Stamped, dated, IRB-approved Informed Consent Form



UNIVERSITY OF
FLORIDA

Health Center Institutional Review Board

PO Box 100173
Gainesville, Florida 32610-0173
Tele: (352) 846-1444
Fax: (352) 846-1497

MEMORANDUM

DATE: April 2, 1998
TO: Dorothy Hawthorne
P.O. Box 854
Lake Placid, FL 33862
FROM: R. Peter Iafate, Pharm.D.
Chair, IRB-01
SUBJ: IRB Protocol #127-1997


Expires on 4/1/99

TITLE: SOCIAL PSYCHOLOGICAL RESPONSES OF AFRICAN AMERICAN FEMALES AT MENARCHE

Approval of this research project (including the Informed Consent Form and Protocol) was granted on 4/1/98. Enclosed is the dated, IRB-approved Informed Consent Form that must be used for enrolling subjects into this project. You have approval for 12 months only.

You are responsible for obtaining renewal of this approval prior to the expiration date. Re-approval of this project must be granted before the expiration date or the project will be automatically suspended. If suspended, new subject accrual must stop. Research interventions must also stop unless there is a concern for the safety or well being of the subjects. Upon completion of the study, you are required to submit a summary of the project to the IRB office.

The IRB has approved exactly what was submitted and revised. Any change in the research, no matter how minor, may not be initiated without IRB review and approval, except where necessary to eliminate hazards to human subjects. If a change is required due to a potential hazard, that change must be promptly reported to the IRB.

Any severe or unanticipated side effects or problems, and all protocol deviations must be reported, in writing, within 5 working days.

Research records must be retained for three years after completion of the research; it is recommended that they be retained for eight years.

If VAMC patients will be included in this project, or if the project is to be conducted in part on VA premises or performed by a VA employee during VA-compensated time, final approval should be obtained by application to the VA Research Office.

You are responsible for notifying all parties about the approval of this project, including your co-PIs and Department Chair. If you have any questions, please feel free to contact Barbara Frentzen at (352) 846-1494.

Cc: IRB File, Division of Sponsored Research; Edward Block, VA;
Rhonda Cooper-DeHoff, Pharmacy; Sandra Barnawell, CRC

Enclosed: Stamped, dated, IRB-approved Informed Consent Form

APPENDIX B
DEMOGRAPHICAL DATA

NAME _____
CODE _____
PHONE _____

CHILD
Name _____ Address: _____

Date of Birth: _____ / _____ / _____
Month Date Year

Weight _____ lbs. Height _____

Bulging Breasts: YES NO Hair (Armpit or Genital): YES NO
(CIRCLE ONE) (CIRCLE ONE)

Tanner's Stage: 1 2 3 4 5
(CIRCLE ONE)

PARENTS
(Mother): _____ Marital Status: M D S W

Highest Grade Completed: _____ Degree Received: _____

Occupation: _____ Household Income: _____

(Father): _____ Marital Status: M D S W

Highest Grade Completed: _____ Degree Received: _____

Occupation: _____ Household Income: _____

APPENDIX C
INTERVIEW GUIDE - CHILD

Open-ended Questions:

1. What does it mean to have your period?
2. Tell me about your first period.
 - a. What were some of the things you feel you had to do differently while having your period?
 - b. What are some of the things that you think boys are able to do that you are not able to do now that you have your period?
 - c. What was not the same about your talks or your relationship with your mother? Your father? Your friends?
 - d. What types of odd (if any) feelings did you have with your period?
 - e. What supplies (or things) are you using just for the period?
3. What were some of the things you learned about your period before you started? Who told you these things?
4. Now that you have had at least one period, what would you do differently with the next periods?
5. How grown-up do you feel now that you have started your period?

6. What types of feelings do you have for boys?
7. Who have you told that you have started your period?
8. At what age would you have like to have started your period?
9. What words are you using to call (or refer to) your period?
10. What are your general feelings about yourself at this time?

APPENDIX C
INTERVIEW GUIDE - MOTHER

Open-ended Questions:

1. What concerns do you have now that your daughter has started to menstruate?
2. What changes have occurred in your talks with your daughter and your general relationship with her?
3. How do you see your daughter now that she has started her period?
4. What types of restrictions have you placed on her activities with boys, other girls, siblings, relatives, strangers, etc? What school or sport activities have you placed a restriction on since she has started to menstruate?
5. What has her father expressed to you about your daughter's menstruation now that he knows she is menstruating?

APPENDIX D
STATISTICAL ANALYSIS SERIES (SAS)

```
DATA MEN;
INPUT AGE TS TIME HT WT MAGE FAGE MED FED Y FT $ SES $ NO;
CARDS;
  9 4 2 58 71 40 39 18 16 107000 N U 4
10 4 7 60 88 35 49 15 16 65009 N M 4
  9 4 5 63 108 33 34 12 12 45000 N M 6
10 3 11 60 84 33 38 14 12 52000 N M 4
10 4 12 64 107 38 40 12 12 55000 N M 5
10 3 2 56 78 29 34 12 10 25000 N W 6
10 4 3 60 130 42 54 12 4 27000 N W 4
10 4 7 57 81 35 39 12 12 30000 N W 6
  9 4 7 58 83 45 47 12 12 22000 N P 5
10 3 13 61 102 55 58 11 12 42000 A M 3
10 5 1 65 110 55 55 12 12 47000 A M 7
10 4 12 60 98 27 34 12 12 4000 S P 12
10 4 8 60 101 26 29 12 12 15000 S P 9
10 4 9 61 129 37 58 12 10 35000 S W 3
  9 4 10 57 86 46 59 12 12 26000 F W 4
;
OPTIONS LS=78 PS=60 PAGENO=1;
PROC MEANS; VAR AGE TIME HT WT MAGE FAGE MED FED Y NO;
PROC FREQ; TABLE TS FT SES NO / NOCUM;
PROC UNIVARIATE; VAR Y;
RUN;
```


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BIOGRAPHICAL SKETCH

Dorothy Hawthorne was born April 1, 1952 in Sebring, Florida as the eighth of thirteen children to Hazel and the late Nathaniel Hawthorne, Sr. She was raised in Highway Park, a rural African American community near the township of Lake Placid, Florida, which was developed by her father and his friends during the 1930s. Her father was a decorated World War II veteran. He worked hard as a land developer and builder to establish an income for self-employment. The late Mr. Hawthorne, Sr. served as a county leader on several Boards including hospitals, banks, and as a committee member for the Florida Home Loaners Association for Farmers and Florida's Fruit Growers Association. Her mother still lives at the family's homesite in Highway Park. Dorothy is a divorcee with one child, 16-year-old Nathan'ette Hazelle Byrdine.

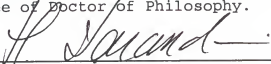
Dorothy received her first eight years of education at George Washington Carver Elementary School, a racially segregated public school, located in Highway Park, an African American community. By 1964, the Civil Rights Act mandated public school integration of the races of people. After the courts ordered that all public schools would be racially integrated, Dorothy attended Lake Placid High

School in 1965 as a freshman and graduated as a National Honors Student in 1970. In the Fall of 1970, Dorothy entered Florida A & M University in Tallahassee, Florida. She received a baccalaureate degree in nursing in 1974 and practiced neonatal and pediatric nursing at Georgia Baptist Hospital in Atlanta before returning to Florida to further her nursing education. Dorothy entered the University of Florida in 1975 as a Graduate Minority Fellow and completed her master's degree in pediatric nursing by August, 1977.

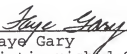
For several years Dorothy taught pediatric nursing in four-year baccalaureate programs at major universities. She was instrumental in the development of a nursing clinic in Crawford, Mississippi as an assistant professor of nursing at Mississippi University for Women. She served as a nursing consultant for Morris Brown College in Atlanta, Georgia during the inception of their nursing program. She is a member of the National Nursing Honor Society, Sigma Theta Tau.

Dorothy returned to Florida as a Graduate Minority Fellow for the University of Florida and an American Nurses Association Ethnic Minority Fellow; she commenced doctoral work in 1992. She plans to return to academic nursing after graduation and continue her interests in research, writing, and developing programs for early menarcheal girls of various racial and ethnic groups.

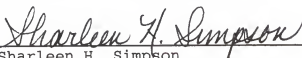
I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.


Hossein N. Yarandi, Chairperson
Associate Professor of Nursing

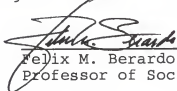
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Faye Gary
Distinguished Service Professor
of Nursing

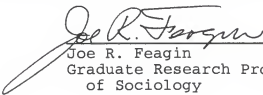
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Sharleen H. Simpson
Associate Professor of Nursing

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

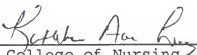

Felix M. Berardo
Professor of Sociology

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.


Joe R. Feagin
Graduate Research Professor
of Sociology

This dissertation was submitted to the Graduate Faculty of the College of Nursing and to the Graduate School and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

August 1999



Dean, College of Nursing

Dean, Graduate School